



Ombudsman

Fairness for all

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OPCAT Report

Report on an unannounced inspection
of Whanganui Prison
Under the Crimes of Torture Act 1989

.....

29 August 2018

Peter Boshier
Chief Ombudsman
National Preventive Mechanism

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Office of the Ombudsman
Tari o te Kaitiaki Mana Tangata



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Foreword

The following report has been prepared in my capacity as a National Preventive Mechanism under the Crimes of Torture Act 1989 (COTA). My function under the COTA is to examine and make any recommendations that I consider appropriate to improve the treatment and conditions of detained persons in a number of places of detention, including prisons. This report examines the treatment and conditions of persons detained in Whanganui Prison.

Whanganui Prison (the Prison) accommodates male prisoners with security classifications ranging from minimum to high, as well as having management responsibility for New Plymouth Remand Centre (NPRC) which accommodates male and female prisoners. The Prison has an operating capacity of 581, including 24 at the NPRC. It has a large Māori population (60 percent).

My Inspectors observed generally positive interactions between staff and prisoners. Staff spoke positively about the generally collaborative approach at Whanganui, and described co-operation between groups as *'better than in some other places'*. This was particularly valued as pressures resulting from increased prisoner numbers were identified as raising stress and fatigue issues for staff. Case managers provided a timely and satisfactory level of service to their prisoners.

Admission processes were carried out in a calm and measured manner, facilitated by well-established liaison with the Police and Courts. Muster pressures were placing additional strain on systems and resources, most notably staff, vehicles, sentence calculation checks and property management. Inspectors were concerned that arrangements for health screening on admission were inadequate and foreign nationals and non-English speakers had limited access to support.

Overall, health services were adequate and I welcome the addition of Improving Mental Health Clinicians to the Prison team. Both custodial staff and prisoners welcomed this support to address mental health challenges in the prison. However, my Inspectors found no evidence that the prison sought to identify emerging trends to inform service delivery. At times, staffing shortages and increased demand had contributed to service delivery standards not being met. There was little evidence of care planning for patients with complex, long-term conditions.

With the exception of the Te Tirohanga programme, cultural provision across the site was limited. There had been a decline in interactions across the Prison with kaumātua and iwi in the past few years although, on an individual level, relationships with the Prison Director were good. The Prison did not always manage the needs of vulnerable prisoners effectively or appropriately, and some prisoners with physical disabilities did not always have their basic needs met. The lack of a National Equality and Diversity Strategy was apparent to my Inspectors.

At the time of inspection, the At-Risk Unit (ARU) was not being used for its intended purpose as none of the prisoners it housed were assessed as being at risk of self-harm or suicide. The ARU had become a default facility for prisoners who were difficult to place due to behavioural issues and vulnerabilities, and for de-escalation following use of force.

I consider there is a clear and urgent need for the Prison to address the levels of violence and intimidation. Levels of notifiable incidents of violence each month were high. Non-notifiable incidents such as fighting, sparring and unexplained injuries were also high. Prisoners reported that stand-overs and bullying were common. More than 40 percent of prisoners were gang members or affiliates, yet the Prison did not have an active gang management strategy.

At the time of the inspection, 127 remand-accused prisoners were held at the Prison (22 percent of the Prison population), and these prisoners were locked in their cells for prolonged periods. During the course of the inspection, we noted that prisoners in the Extension Unit, who were not subject to any segregation direction under the Corrections Act 2004, were locked for up to 22 hours a day.

My Inspectors considered the constructive activities for remand-accused and voluntary segregated prisoners to be of a lower standard than that of sentenced prisoners. Both prisoners and staff reported that these activities were limited. Most time out of cell, particularly in the high-security units, was non-productive due to this lack of available activities.

Accommodation was generally clean, well maintained and of a reasonable standard with the exception of the Extension Unit, which had limited natural light and a lack of communal space, and Te Moenga, which was cramped and did not afford appropriate levels of privacy.

Ventilation in both high and low-security units was inadequate. Staff and prisoners reported that the temperatures in the Prison over the previous three months (December-February) were the hottest they had known. Food was generally wholesome, but meal times did not reflect normal meal times, an issue that is reflected across the prison estate.

Inspectors focus on what they find at the time of the inspection, and while I am always prepared to acknowledge good intentions, I remain cautious about future plans that may or may not come to fruition in terms of improving outcomes for prisoners. The Prison is constrained in terms of the progressing national initiatives which have yet to be finalised. This report refers to the Department of Corrections' plans for the development of At-Risk Units, the publication of a national equality and diversity strategy, development of a gang management strategy, and a national review of prisoner meal times as part of a project reviewing staff shift patterns. My Inspectors and I will continue to monitor progress in these specific areas both nationally and at a local level.

In conclusion, I wish to acknowledge and express my appreciation to the managers and staff of the Prison and NPRC for the full co-operation they extended to my Inspectors. I also welcome the Department of Corrections' responses to my findings and recommendations, which I include in this report. To accept 33 out of 37 recommendations reflects our mutual desire to strengthen protections against ill treatment and improve conditions of detention.

Peter Boshier
Chief Ombudsman, National Preventive Mechanism

Facility facts

Whanganui Prison

Whanganui Prison, previously known as Kaitoke Prison, accommodates 557 male prisoners with security classifications ranging from minimum to high. It is situated seven kilometres southeast of Whanganui.

The prison comprises eight different complexes – Whakapakari, Te Moenga, Te Whakataa, Te Waimarie, Whānui, Southwood and two self-care units. (Units were referred to by several names. A list of Unit names can be found at Appendix 2.)

The oldest part of the prison, the main Kaitoke complex, was built in 1978, while the Te Whakataa minimum security units opened in 2005. The high-security Te Moenga Unit was double-bunked in 2017.

New Plymouth Remand Centre

The Prison also manages the New Plymouth Remand Centre (NPRC), which houses both male and female prisoners. The NPRC is co-located with the Police Station in New Plymouth

Region

The Prison is part of the Department of Corrections' Lower North Region.

Operating capacity

There are 581 beds, including 24 at the NPRC, made up of 281 high-security beds and 300 low-security beds.

Prison Director

Reti Pearce

Regional Commissioner

Paul Tomlinson

Previous inspections

An inspection of Whanganui Prison was conducted in June 2011.

An inspection of the New Plymouth Remand Centre was conducted in March 2017.

The Visit

In 2007, the Ombudsmen were designated as one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of detainees in New Zealand prisons.

From 12 February to 19 February 2018, a team of eight Inspectors and specialist contractors (to whom I delegated authority to carry out visits to places of detention under COTA) made an unannounced visit to Whanganui Prison.

Visit methodology

At the start of the visit, the inspection team (the Team) met with the Prison Director before inspecting the site. On the first day of the inspection, the team was informed there were 573 prisoners in the Prison.¹

A voluntary, confidential and anonymous prisoners' survey was distributed. The survey is designed to capture prisoners' experiences and perceptions. The Team spoke with prisoners individually and in groups to explain the purpose of the survey. The Survey results are just one of several sources of evidence used and triangulated by Inspectors to help them form judgements about the Prison.²

Five-hundred and forty surveys were given out, and 295 were returned (55 percent). A copy of the survey and responses is in Appendix 3.³

Inspection criteria (the criteria)

I have developed six core criteria, each of which describes the standards of treatment and conditions a prison is expected to achieve. These criteria are underpinned by a series of indicators that describe the evidence Inspectors look for to determine whether there is anything that could be considered to be torture, or cruel, inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees. The list of indicators underpinning the criteria is not exhaustive, and does not preclude an establishment demonstrating that the expectation has been met in other ways.

¹ See Appendix 4 for the Prison's demographics.

² The survey gives prisoners the opportunity to raise their concerns as well as acknowledging what is working well. Responses to the survey should be used as a tool toward open communication with the client group (prisoners) and predicting future behaviour and feeling.

³ Prisoner survey is based on Her Majesty's Inspectorate of Prisons (HMIP) prisoner survey, provided with their permission.

This was the fifth full inspection undertaken using my new inspection criteria. These criteria will be trialled and refined as necessary. On completion of the trial we will publish the final criteria on the Ombudsman's website.

The following criteria were examined during the 10-day inspection:⁴

Criteria 1: Treatment

Criteria 2: Transition to lawful custody

Criteria 3: Decency, dignity and respect

Criteria 4: Health and wellbeing

Criteria 5: Protective measures

Criteria 6: Purposeful activity and transition to the community.

Evaluation

Inspectors assess information resulting in evidence-based findings, using techniques including:

- obtaining information and documents from the Department of Corrections and the Prison;
- conducting a survey of prisoners;
- shadowing and observing Corrections Officers and other specialist staff as they perform their duties within the Prison;
- interviewing prisoners, visitors and staff on a one-to-one basis;
- conducting focus groups with prisoners and staff;
- observing the range of services delivered within the Prison at the point of delivery;
- inspecting a wide range of facilities impacting on both prisoners and staff;
- attending and observing relevant meetings impacting on both the management of the Prison and the future of the prisoners, such as case conferences;
- reviewing policies, procedures and performance reports produced both the Prison and by the Department of Corrections; and
- observing early morning, evening and weekend routines.

Future follow-up visits will be made as necessary to monitor the implementation of my recommendations.

⁴ Our inspection methodology is informed by, but not limited to, the Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the Association for the Prevention of Torture's publication 'Monitoring Places of Detention', the New Zealand Bill of Rights Act 1990 (NZBORA), and the Corrections Act 2004 and Corrections Regulations 2005.

Criteria 1: Treatment

Expected outcomes – treatment

The Prison has robust oversight measures and standards in place for preventing torture and other cruel, inhuman or degrading treatment or punishment. Such protection measures are subject to regular review by senior managers to ensure standards are consistently achieved.

The Prison takes all reasonable steps to ensure the safety of all prisoners. Prisoners live in a safe and well-ordered environment where positive behaviour is encouraged and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner. There is regular and responsive consultation with prisoners about their safety.

Assessment

Use of force (UoF)

The use of force in prisons is regulated by section 83 of the Corrections Act 2004. Under section 83, physical force can only be used in prescribed circumstances and if reasonably necessary. The level of force used must be reasonable. Where force has been used, prisoners must be examined by a registered health professional as soon as practicable.

There had been 36 instances of UoF in the 12 months leading up to the inspection. Force was most frequently used in Whakapakari Unit (eight incidents), which accommodates prisoners on remand, the Receiving Office (seven incidents), and the NPRC (six incidents).

Record keeping and paperwork was of a consistently high standard. There was clear evidence of managerial oversight, which ensured that the recording processes were comprehensive and completed within timeframes, procedures were followed diligently, and 'lessons learned' were disseminated to staff.

Two incidents had been reported to the Police for investigation; one involved a UoF that resulted in a spiral fracture of the prisoner's arm. The prisoner did not wish to make a complaint to the Police, but the Prison's policy was that all such injuries should be referred to the Police for independent investigation. The Police responded promptly and following an investigation decided that no further action was appropriate.

The second incident resulted from a UoF where the prisoner alleged that he had been assaulted in his cell by a member of staff who had challenged him to a fight. The prisoner admitted that he had struck the first blow and claimed that he had been assaulted while restrained by staff during the subsequent use of force. A Police investigation concluded that there was insufficient evidence to support a charge against either party involved in the incident.

The use of on-body cameras (OBC) to record incidents had been erratic, and a number of reminders had been issued by managers. Inspectors observed a spontaneous UoF during the

course of the inspection and were satisfied that procedures were followed, including use of OBC.

Thirteen members of staff were out-of-date with their Control and Restraint training. Inspectors were informed that these staff were booked on future training sessions.

At-Risk Unit (ARU)

The At-Risk Unit (ARU),⁵ also referred to as Te Atawhai Unit (the Unit), was split into two sections; a de-escalation area containing three dry rooms,⁶ and a nine bed at-risk facility designed to enable the observation and safe management of prisoners at risk of self-harming. Both areas were austere with limited communal space. All cells had natural light, heating and ventilation. Showers were available in both areas. A sparsely furnished day room with a television and plastic chairs was available for those prisoners considered suitable to access it. Two small exercise yards had been recently painted, by prisoners, with colourful murals.



Figure 1: ARU dry cell



Figure 2: ARU exercise yard

All cells, including the unscreened toilets, were subject to CCTV monitoring, which was displayed in the staff base and master control. The cameras could be viewed by anyone entering the staff base and presented a significant privacy issue. The Department of

⁵ ARUs are designed to enable the observation and safe management of prisoners at risk of self-harming.

⁶ Dry rooms contain nothing but a mattress on a concrete plinth. Prisoners do not have free access to toilet facilities or drinking water.

Corrections' policy for toilets in the ARU cells to be unscreened⁷ gave prison staff (and others) the ability to observe, either directly or through camera footage, prisoners undertaking their ablutions or in various stages of undress. I consider that this amounts to degrading treatment or punishment for the purpose of the Convention Against Torture.

The Department of Corrections' Chief Custodial Officer is leading a project to identify potential options around prisoner privacy. The project is expected to report back in August 2018. I consider that amending Schedule 2 Part C of the Corrections Regulations 2005 should be considered in the context of this project.

Management of prisoners in the ARU

Inspectors were encouraged to see eight of the nine prisoners in the ARU on the first day of the inspection out of their cell either socialising in the day room or exercise yard, attending to personal hygiene, cleaning, or meeting with nursing staff. All prisoners were on 60-minute observations and deemed not to be at-risk of suicide or self-harm, which calls into question the reason for their location in the ARU. Health staff reported that there were no prisoners waiting for a forensic bed in the region.⁸

Paperwork was poor and did not reflect the positive work that was taking place in the Unit. Prisoner 'Welfare Management Plans' were generic and lacked specificity. However, the twice-weekly multi-disciplinary team (MDT) meetings were well attended, comprehensive and purposeful. It was disappointing to find that meetings were not minuted.

There were 140 admissions to the ARU for the period 1 August 2017 to 14 February 2018. The average length of stay was eight days; the longest stay was 152 days.

One prisoner had been located in a dry room for more than 20 days⁹ because of his challenging behaviour and preference to be located somewhere quiet. Staff felt that they were managing the prisoner in the most appropriate way given his presentation and historical circumstances. There was no justifiable reason (or segregation paperwork) to locate him in a dry room,¹⁰ which was in breach of rule 15 and rule 18 of the United Nations Standard Minimum Rules for the Treatment of Prisoners. His situation was similar to the circumstances surrounding the unlawful detention considered by the Committee against Torture in *Vogel v NZ*,¹¹ which is a matter of concern that was brought to the attention of the Prison Director.

The prisoner was unable to access a toilet throughout the night and had been provided with disposable, cardboard receptacles for that purpose. This appears inconsistent with rule 15 of the Nelson Mandela Rules, which provides that *'the sanitary installations shall be adequate to*

⁷ Cells for the management of at-risk prisoners in the privately operated Auckland South Corrections Facility afford prisoners an appropriate degree of privacy and dignity.

⁸ Prisoners from Manawatu Prison and New Plymouth Remand Centre who are identified as at-risk and require regular observations are transferred to Whanganui ARU.

⁹ Based on ARU admission dates provided by high-security manager.

¹⁰ Section 60(1) Medical Oversight.

¹¹ CAT/C/62/D/672/2015, 14 November 2017.

enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.'

A small selection of books and board games were available for prisoners in the ARU. Time out of cell was spent in either the exercise yard or the day room. There was no prisoner telephone. Phone calls had to be requested and facilitated by staff on the office phone, offering no privacy.

ARU officers reported that they had received little in the way of mental health awareness training, and had learnt their skills on the job. ARU staff were supported by the Improving Mental Health Clinicians with whom they worked well. Leadership in the ARU was strong, and permanent staff had a good rapport with prisoners. Interactions observed with prisoners were plentiful and responsive, however this positive dynamic was curtailed at weekends as a result of staffing arrangements, which was regrettable.

The ARU was being used to accommodate prisoners who were not at risk of self-harm or suicide, but who were unable to cope in mainstream units, had physical disabilities,¹² required general observations,¹³ or for de-escalation following the use of force.

The Prison had conducted a survey in August 2017 as part of a self-assessment process. Of those who responded, less than half of the prisoners (42 percent) agreed that *'this prison cares for those at risk of suicide'*.

The Department commissioned *'The Intervention and Support project'* in September 2017, for prisoners at risk of self-harm or suicide. Any significant positive impacts of this project had yet to be realised at the Prison.

Directed segregation (DS)

The Prison did not have a purpose-built Management Unit where prisoners who were subject to Section 58 of the Corrections Act 2004 (directed segregation for the purpose of security, good order, or safety) could be located. Generally, prisoners on DS would be placed in the Wharikitia Extension.¹⁴ Some cells in the Extension area had limited natural light due to the high walls of the concrete exercise yards located behind the unit.

At the time of the inspection, no prisoners were on DS. There had been nine segregation directives under section 58(1)(a) and one under section 58(1)(b) in the previous six months, all of 14 days duration. Paperwork was of a high standard with the exception of management

¹² A prisoner in a wheelchair was located in an ARU cell as some disabled cells were being used to house non-disabled prisoners.

¹³ A prisoner was placed in a dry room for observations on his return from Whanganui Hospital following an assault by another prisoner. These observations were restricted to 60 minute observations by custodial, not medical, staff.

¹⁴ Management reported that if a prisoner is given a period on Directed Segregation, and is already in the Wharikitia Extension, they are normally moved so they are not managed by the same staff or Principal Corrections Officer recommending the segregation.

plans, which were generic and identical. Prisoners did not attend meetings to review their placement on segregation and to plan their safe return to mainstream.

The Separates Unit, which had six designated cells for prisoners undergoing punishment of cellular confinement, was clean, tidy and well maintained. Prisoners were largely left to their own devices, as there was no routine staff presence other than to issue meals, accompany the nurse during medication rounds, and conduct hourly checks. Cells were subject to CCTV surveillance. There was one prisoner on cellular confinement at the time of the inspection who confirmed that he enjoyed the statutory minimum entitlements, including access to fresh air.



Figure 3: Separates Unit



Figure 4: Separates Unit cell

Safety

There is an expectation that everyone feels and is safe from bullying and victimisation, including verbal and racial abuse, threats of violence and assaults.

There was a clear and urgent need for the Prison to address levels of violence and intimidation. Levels of notifiable incidents of violence were high (average 18 per month) and showed an upward trend.¹⁵ The Prison Director had re-focused the Safer Custody Panel meetings to reduce inter-personal violence in the Prison. It had been identified that Te Moenga Unit and NPRC reported the highest number of assaults for Corrections' Lower North Region. Some discussion had taken place about assuring the reliability of statistics. Analysis had also shown that a number of prisoners were presenting at the Health Centre with injuries consistent with violence but who claimed to have fallen or suffered a similar 'accident'.

Non-notifiable incidents such as fighting, sparring and unexplained injuries were also high, and the Prison's responses were mostly punitive and focused on the formal misconduct process. Investigations into acts of violence and antisocial behaviour were generally poor. The management of perpetrators of violence was identified as an area for improvement, due in part to a lack of appropriate facilities, and a lack of effective policies to manage bullying, gang violence, and other unacceptable behaviour. There was little evidence to suggest that all

¹⁵ For the period 1 August 2017 to 31 January 2018 there were 108 violent incidents out of a total of 710 incident reports (information provided by the Prison).

victims were well supported. Immediate cell/unit moves were generally undertaken to protect the victim. Inspectors were concerned that, in isolation, this approach was too narrow and did nothing to sanction the unacceptable behaviour of the perpetrator, or to promote changes in his behaviour.

The daily Prison Tension Assessment Tool Database (PTATD), designed to highlight potential tension levels in individual units/wings, had a significant number of incident reports omitted, particularly those relating to unexplained injuries, sparring and drug indications.

While observing the daily routine from the staff base, an Inspector witnessed prisoners sparring and conditioning in a high-security yard; this was brought to the attention of staff in the unit. It appeared from their lack of response that the practices of sparring and conditioning were not uncommon.

Sixteen percent of survey respondents reported feeling unsafe at the time of the inspection, with 35 percent reporting having felt unsafe at some point during their stay. In relation to bullying, 21 percent of respondents reported having been bullied by other prisoners at the Prison, with 71 percent of respondents reporting that they would not report any bullying they experienced from other prisoners. Common reasons given for not reporting bullying by a fellow prisoner included the perception that gangs were in control, and that reporting incidents would cause more difficulties for the victim. Prisoners appeared somewhat more confident about reporting any bullying they might experience from staff, with 44 percent of respondents indicating that they would report it.

The Prison had conducted a similar survey in August 2017. Of those who had responded, half agreed that *'prisoners feel safe from being injured or bullied by other prisoners'*. Twenty-eight percent of prisoners who responded believed that victims of bullying received appropriate help, compared to 41 percent of staff who believed that such victims were supported.

Voluntary segregation (VS)

For the period 1 September 2017 to 18 January 2018, 63 prisoners had requested VS under section 59 of the Corrections Act 2004. It was concerning that 65 percent of those who requested separation from their peers were located in Te Moenga Unit, a multi-cluster facility housing both remand and high-security prisoners. Reasons for VS varied, but common themes were gang issues, bullying, stand-overs and a fear for personal safety.

Options for separating prisoners from those who had threatened them with violence were limited and further constrained by the muster pressures, particularly for high-security accommodation.

Pod 1, Te Moenga Unit, which was situated directly opposite mainstream pods, was being used to accommodate 16 prisoners on VS. When Pod 1 was full, sentenced prisoners requesting VS were located in either the Remand Extension Unit (alongside prisoners on directed segregation) or the Assessment wing. Remand prisoners requesting VS were also housed in either the Remand Extension Unit or Assessment wing, depending on available spaces. At the time of inspection, there were two remand prisoners on VS in the Remand Extension Unit,

which required the Unit to operate discrete regimes for each group that resulted in even less time out of cell and further limited access to already limited opportunities.

The regime for prisoners on VS was basic. Time 'unlocked' was limited and spent either in the exercise yard or association in their pod. Prisoners informed Inspectors that access to programmes, education and work was limited; six prisoners on VS were attending a literacy and numeracy course at the time of inspection.

Drugs

A key driver of violence in prisons is the introduction and use of contraband. Gatehouse staff were working to reduce the supply of contraband coming in to the Prison, however the absence of a dedicated Site Emergency Response Team reduced the opportunities for more targeted searching and vehicle check points. Dog handler coverage across the site was sporadic and the Prison's rural location lent itself to 'throw overs'.

There was no comprehensive drug and alcohol strategy for the Prison, although incident reports identifying drug and alcohol issues were regularly submitted and fed through to the Security Manager (and drug testers) for action. The flow of intelligence information to the Security Manager was good. Intelligence-led cell and unit searching was evident, although rub-down searches were insufficient to detect contraband. Prisoners who tested positive for drugs were not routinely referred to substance misuse services/programmes. There was evidence to suggest that synthetic drugs were available in the Prison.

The number of general random drug tests fluctuated each month, although the number of positive results remained steady at just over one percent. Some staff expressed concern about the reliability of the statistics, believing that drug use was significantly under-reported.

Eighty-two survey respondents (29 percent) reported having a drug problem when they came to prison. Thirty-four respondents (12 percent) reported having developed a drug problem since entering the prison.

Gangs

According to figures provided by the Prison, 252 prisoners had been identified as gang members or affiliates, 44 percent of the prison population. The influence of gangs was most obvious in the remand wings, although it was also noticeable in the low-security units. The Prison operated an informal harmony regime in one of its high-security units, where prisoners undertook to put aside rivalries and subscribe to a set of agreed behaviours. Inspectors noted that on the 18 January 2018, eight prisoners requested to leave this unit and be placed on voluntary segregation.

The inspection team found no local active gang management strategy in place although the Prison Director confirmed that he was in the process of developing one.¹⁶ Regular Safer

¹⁶ Based on *Corrections Gang Strategy 2017-2021* (National Strategy).

Custody Panel meetings appropriately highlighted a number of security-related issues and concerns, including a recognition of increased levels of violence and abuse at the Prison.

Gang members appeared to hold roles of responsibility in some units, and were observed distributing lunches without active staff supervision. Given the proportion of prisoners with gang associations, this is not unexpected. The opportunity for prisoners to hold roles of responsibility is important for personal development and rehabilitation purposes. However, without appropriate supervision the opportunity for stand-overs and bullying increases.¹⁷

Inspectors were concerned that on several high-security units, some overt anti-social behaviour went unchallenged by officers. A high-profile gang member was playing music with misogynistic lyrics at a very loud volume, affecting the ability of other prisoners in the unit to conduct phone calls or have meaningful conversations. Officers did not ask him to turn down his music. Another prisoner was distributing meals dressed in only a towel. Gang members also barked loudly on the wings and this went unchallenged. Some staff on these units may not have felt confident in challenging this behaviour. The following prisoner file note indicated that some staff were using the influence of gang members to help manage the unit.

“X has become a compliant and polite prisoner over recent months, mainly due to the influence of certain Mob members who have a word with him when he steps out of line. No issues.”¹⁸

From these observations, and after speaking with a significant number of prisoners, staff, and visitors, my Inspectors concluded that the pervasive influence of gangs at the Prison was having a detrimental effect on both prisoners and staff. Without a localised, focussed gang strategy, perpetrators of violence will continue to bully and intimidate while victims are routinely disadvantaged.

Recommendations – treatment

1. I recommend that:
 - a. All staff should be up-to-date with their control and restraint training.
 - b. Prisoners are not illegally detained in dry rooms.
 - c. Measures are taken to better protect the privacy of prisoners in the At-Risk Unit when they are naked, partially naked, or undertaking their ablutions.
 - d. As a matter of urgency, a prisoner telephone is installed in the At-Risk Unit.
 - e. The Prison develop and implement an anti-bullying strategy that sits alongside the gang management and violence reduction strategy. This should

¹⁷ Examples of Inspectors’ observations were fed back to the management team at the end of the inspection.

¹⁸ Information available on Integrated Offender Management System (IOMS).

include identifying where prisoners feel least safe, and findings should be addressed in a manner that includes prisoner representation.

- f. Prisoners subject to voluntary segregation have increased access to constructive activities.
- g. Prisoners who test positive for drugs are automatically referred to substance misuse services.

The Department of Corrections accepted recommendations 1a, 1b, 1c, 1e and 1f.¹⁹

Corrections partially accepted recommendation 1d and stated:

Corrections acknowledge the benefits of installing prisoner telephones in the ARU. This has a positive influence on at risk prisoners feeling connected to pro-social contacts and being able to be supported appropriately by staff. The Prison Director will be making a submission regarding installing a telephone in the ARU by the end of June 2018. A business case will be developed and the technical viability of the project explored.

Corrections rejected recommendation 1g and stated:

There are already mechanisms in place to progress positive drug test results. If a prisoner tests positive for drugs we assess their need and risk and they are referred to a service for the most appropriate intervention. As part of this process, the following factors are considered and discussed following a prisoner producing a positive result to a drug test:

- *The individual's escalation of risk and whether there is a high likelihood of reoffending*
- *How many times the prisoner has tested positive upon taking a drug test in prison and subsequently whether the individual is already on a service waiting list for a substance misuse programme*
- *The prisoners index offending and whether drugs or alcohol influenced this offending*
- *The context of the drug taking (i.e. was the prisoner a willing participant or were they pressured by another prisoner or is there a history of drug abuse)*

Additionally, if the prisoner is currently involved in a rehabilitative programme, this information would be passed on to the programme facilitator. This ensures that information is acted upon in an appropriate and consistent manner. Therefore, we do not consider that the automatic referral to a substance misuse service is required.

¹⁹ The Department of Corrections' comments on recommendations 1a, 1b, 1c, 1e and 1f can be found in Appendix 1.

Criteria 2: Transition to lawful custody

Expected outcomes – transition to lawful custody

Within each court there is a strategic focus on custody issues, which promotes the safe, secure and decent delivery of escorts, custody and court requirements.

The Prison complies with administrative and procedural requirements of the law. There is a structured process to provide every prisoner with all necessary information about their rights, responsibilities and entitlements, the Prison's expectations of them and the operating and administrative arrangements pertaining to their detention.

Prisoners transferring to and from Prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and immediate needs met before prisoners move to their allocated units.

Assessment

Receiving Office (RO)

Processes in the RO were carried out in a calm and measured manner despite an increased workload. Well-established liaison with Police and Courts ensured that staff were aware of new arrivals and alert to any presenting problems. This supports the risk assessment process. Relationships were positive and reinforced a relaxed atmosphere. Staff demonstrated good knowledge of the prisoners, and phone calls were facilitated in the RO and managed with flexibility and sensitivity. There was little privacy in the RO to carry out risk assessments or identify concerns. Holding rooms were sparse and did not provide distraction.

Facilities and processes for health screening on admission were insufficient. This is covered in more detail in Criteria 4: Health and wellbeing (page 30).

Inspectors observed arrangements for transferring female prisoners to and from the NPRC. The process was carried out skilfully and calmly, and privacy was maintained throughout. The weather was very warm during the course of the inspection, and we were pleased to note that prisoners were quickly moved on arrival from stuffy escort vehicles to holding areas in the RO, and were escorted onto vehicles at the last minute when leaving the Prison.

The 'First Days' DVD which seeks to inform and advise prisoners about what they might expect during their admission to prison was infrequently used, and was reported by prisoners and staff to have little value or relevance.

Muster pressures were placing additional strain on systems, processes and resources (notably vehicles), sentence calculation checks, property management and storage. Thirty-four percent of survey respondents (95 prisoners) said they could not access their stored property if they needed to. One of the two main themes of internal complaints related to prisoner property, however there was clear evidence that property claims were thoroughly investigated.

Induction

Results of the survey indicate that nearly half of survey respondents (41 percent) did not find the induction process helpful. Inspectors found the induction processes in the units to be largely 'mechanical' with little reference information provided to the prisoners. The general tone and layout of the documentation provided for prisoners was formal, and there appeared to be little thought given to the target audience. There was no continuous improvement programme or process allowing for the review of the performance and effectiveness of these important processes. Despite weak induction processes, 73 percent of survey respondents said they felt safe on their first night.

Arrangements for the reception, induction, and ongoing supervision of foreign nationals were insufficiently structured. Rule 61(2) of the Nelson Mandela Rules provides that *'In cases in which prisoners do not speak the local language, the prison administration shall facilitate access to the services of an independent competent interpreter'*. Foreign nationals and non-English speakers at the Prison had very limited access to support, and were further isolated as a consequence of their incarceration. Staff recognised a probable over-reliance on on-line translation programmes.

Cell sharing

The Department of Corrections has a detailed process for carrying out assessments of prisoners' suitability to share a cell. Shared Accommodation Cell Risk Assessment (SACRA) assessments must be completed before two prisoners are placed in a cell.

A total of 676 assessments were carried out between August 2017 and February 2018, and 79 percent were completed within set timeframes. It was reported that the recording process was somewhat cumbersome, which was a factor in the low scores of 55 and 44 percent compliance in August and September 2017.

The matter was treated as a priority and improvements in performance had been achieved. It remains a matter of concern, however, that such a critical process is subject to vagaries when increasing amounts of prisoner accommodation has to be shared due to the burgeoning prisoner population.

Recommendations – transition to lawful custody

2. I recommend that:

- a. Prison management review induction arrangements for foreign nationals, speakers of other languages, and those with literacy or communication difficulties, and improve these arrangements to ensure these prisoners are fully briefed on prison procedures.
- b. The Prison produces a local version of 'First Days'.
- c. Shared Accommodation Cell Risk Assessments (SACRAs) are completed as per policy.

Department of Corrections accepted recommendations 2a and 2c.²⁰

Corrections partially accepted recommendation 2b and stated:

Corrections can see the value in a locally produced version of First Days in order for prisoners to familiarise themselves with the specific site that they are incarcerated at. However, we consider that this local version of First Days will need to be carefully vetted to ensure consistency of induction practices at a national level. Its application may be site specific however the induction message must remain the same across the wider prison network. This is an important safety consideration given the fluctuating prison population and transfers between prisons, with inconsistencies between sites potentially problematic for prisoners and staff. The time and costs for local sites producing their own First Days DVD must also be recognised with further work to determine the impacts this would have at the site.

We are actively considering options regarding the production of a revised First Days DVD at this time.

As mentioned in responding to recommendation 2a, work is also currently underway on a 'Frequently Asked Questions' pamphlet to support prisoners in relation to identified areas of confusion or limited knowledge. The expected completion date for this project is 30 July 2018.

²⁰ The Department of Corrections' comments on recommendations 2a and 2c can be found in Appendix 1.

Criteria 3: Decency, dignity and respect

Expected outcomes – decency, dignity and respect

The Prison employs fair processes while ensuring it meets the distinct needs of all prisoner groups irrespective of age, disability, gender and sexual orientation, race, religion and belief. A climate of mutual respect exists between staff and prisoners.

Prisoners live in a clean and decent environment which is in a good state of repair and fit for purpose. Each prisoner has a bed, bedding and clean suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials, and is properly fed. The Prison supplies the basic requirements of decent life to the prisoners.

Accommodation

With the exception of Te Moenga and the Extension Unit (eight cells), accommodation was generally clean, well-maintained, and of a reasonable standard.

Te Moenga

Nelson Mandela Rule 12 states: *‘Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself or herself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.’*

Further, Rule 13 of the Mandela Rules requires that cells meet acceptable requirements for health, space, lighting, heating and ventilation:

All accommodation provided for the use of prisoners, and in particular all sleeping accommodation, shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

The installation of double bunks and new showers in Te Moenga Unit commenced in June 2016 to help accommodate the growing prison population.²¹ Although privacy screens were installed next to the toilets in double-bunked cells, they were inadequate.²² The Prison Director advised there were design faults with ventilation and sound dampening, and cells had no natural light.²³ Inspectors noted that the cells located next to the showers had their ventilation slots soldered shut to prevent excess moisture in the cell. Inspectors were informed that remedial work to rectify the problems was put on hold because of the urgent need for the extra spaces.

²¹ The Unit could house up to 68 prisoners.

²² Privacy screens do not obscure prisoners situated on the top bunk view of the cell toilet.

²³ Despite cells having a skylight, an external roof covered the skylight.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) defines minimum standards for living space per prisoner as 6m² of living space for a single-occupancy cell, plus sanitary facility.²⁴ The CPT has also published desirable cell size standards for two prisoners as ‘at least 10m² (6m² + 4m²) of living space plus sanitary annexe.’

A standard double-bunked cell in Te Moenga Unit, including sanitary facilities, was 2.36 metres wide, 3.28 metres length and 2.7 metres high, totalling 7.7m². With the exception of cells in Pod 7, which were single occupancy, cells in Te Moenga Unit did not meet the international standard.

While there is no minimum standard in New Zealand, regulations require that, as far as is practicable, prisoners are accommodated in individual cells. I do not consider it satisfactory that prisoners would be double-bunked in cells that do not meet the international standard, and where there are a number of design faults impacting on the conditions in which prisoners reside.



Figure 5: Te Moenga Unit



Figure 6: Te Moenga Unit double bunked cell

Extension Unit and Wharikitia

The Extension Unit consisted of eight single cells. Cells located on the right-hand side faced directly on to unused covered yards, limiting natural light. Ventilation was particularly bad. There were no communal areas and exercise was taken in a small concrete yard. The Extension Unit was no longer fit for purpose, but had to remain in use due to muster pressures.

²⁴ European Committee for Prevention of Torture and Inhuman or Degrading Treatment or Punishment ‘Living space per prisoner in prison establishments: CPT standards’. CPT/Inf (2015) 44.

Ventilation and heat

Ventilation in both high and low-security units was acknowledged as inadequate. Cell temperatures in Te Moenga²⁵ averaged between 29 and 30 degrees Celsius at the time of the inspection. Staff and prisoners advised Inspectors that units had been far hotter in previous weeks, and staff stated the temperatures in the prison over the past three months were the hottest they had known.

The heat and ventilation problems had been raised with senior management, National Office, the unions, and recorded in the health and safety risk register. The ventilation system in the high-security units had been assessed by Spotless,²⁶ who stated that the system was working as designed. It remained inadequate to the task.

When prisoners were showering, the humidity in the high-security units was excessive and consequently floors and walls were damp and slippery. Staff correspondence showed that consideration had been given to reducing prisoners shower time, however this had been identified as an unfeasible and unacceptable approach.

Inspectors commended staff for making pragmatic attempts to increase ventilation without compromising security, with advice to prisoners on how to keep cool posted on noticeboards in units. Prisoners were able to leave meal flaps open in an attempt to create some airflow, however this did not appear to be particularly effective in increasing air circulation. Prisoners were required to use spray bottles to create misty cool water, and some were partially dressed.

Inspectors spoke with all grades of Corrections Officers during the inspection. One of the most common themes relating to working in the heat was their inability to regulate body-temperature while wearing the mandatory stab-resistant vests.

Clothing and bedding

Both staff and prisoners reported a lack of appropriate clothing and bedding. Bedding, including pillows and duvet-inners, was in poor condition on some units, particularly those that housed remand-accused prisoners. Bedding stocks were low in Wharikitia Unit.

Thirty-four percent of survey respondents reported not having enough clean clothes for the week, 39 percent were not offered enough suitable clothes, and 25 percent were not able to get clean sheets every week.

²⁵ 15 and 16 February 2018.

²⁶ Spotless – contracted maintenance and repair service.

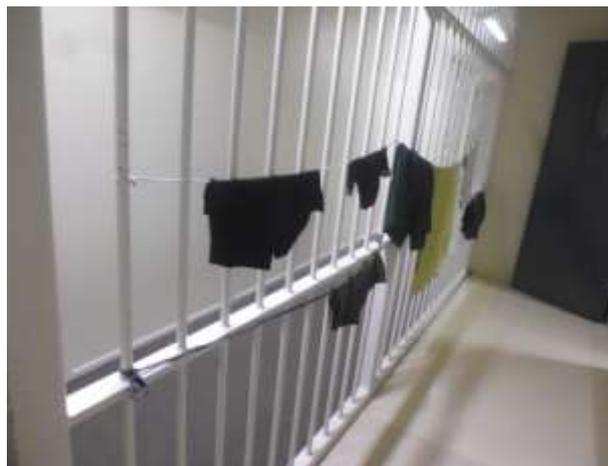


Figure 7: Te Moenga vestibule area



Figure 8: Torn bedding

Food and meal times

Rule 22 of the Nelson Mandela Rules states *‘Every prisoner shall be provided by the prison administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served’*.

Meal times across the Prison did not reflect standard mealtimes, an issue that is of concern across the prison estate. The Department has stated that it plans to review prisoner mealtimes nationally during this calendar year as part of the ‘Making Shifts Work’ project.

Evening meals, including two slices of bread and margarine that was called ‘supper’, were distributed to high-security prisoners by 4.00pm, and in some cases as early as 3.20pm (West 1). Breakfast was issued between 8.15am and 8.30am. Lunch was issued in the high-security units by 11am. Sandwiches were provided at lunchtime and hot meals were provided in the afternoon (this was reversed at weekends).

Prisoners in Te Moenga had the option to eat their meals in each of the pod recreation rooms, but prisoners in other high-security units, particularly remand units, ate their meals in their cell. Low-security prisoners could choose where they ate their meals – communal dining rooms, in the compound, or in their cell.

Prisoners in external self-care were able to budget and purchase ingredients from local shops and prepare their evening meals, however prisoners in internal self-care could not; they were provided with raw ingredients from the kitchen.²⁷ Meals in internal self-care only partially promoted prisoner self-responsibility.

Inspectors sampled a meal and described it as reasonably wholesome. Forty-five percent of survey respondents described the quality of food as quite good or very good while 54 percent

²⁷ Internal self-care prisoners at other sites budget for, and purchase, food externally and prepare their own meals.

thought it was quite bad or very bad. Many survey respondents commented on the lack of available healthy food options, both from the kitchen and through the P119.²⁸ Some prisoners expressed frustration with what they perceived as the dismissive approach taken by the Department in response to their complaints about the quality of the diet.

Sixty-one percent of survey respondents claimed the P119 did not sell the items and food supplies they needed.

Staff prisoner relationships

Interactions between staff and prisoners were generally positive. Inspectors observed staff on units actively engaging with prisoners, and prisoners and staff conversing during escorts around the site. Officers knew the prisoners on their units and were usually aware of prisoners' key concerns.

Prisoners were complementary of staff in the prisoner survey feedback. They reported that staff were approachable, helpful and supportive, respectful and polite. Seventy-nine percent of survey respondents said staff treated them with respect and 71 percent said there was a member of staff they could turn to if they had a problem.

Staff were particularly sensitive to a prisoner who had just received news of a family member's passing and had taken the necessary steps to afford the prisoner privacy and sensitivity, as well as the immediate support of an officer on the unit until the Chaplain arrived. Staff were observed to be responsive to requests made by prisoners when in the office completing administrative duties. Inspectors noted officers responding appropriately to prisoner requests during these times, even if they were not able to address the issue immediately.

Both Senior Corrections Officers (SCOs) and Principal Corrections officers (PCOs) were visible in the units that were visited during the course of the inspection.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Arrangements to improve ventilation in units are identified, implemented and monitored to ensure appropriate temperatures are consistently achieved.
- b. Identified facility faults in Te Moenga Unit are fixed.
- c. Inadequate privacy screening in double-bunked cells is addressed.
- d. All prisoners are able to access adequate clean clothing and bedding.
- e. The serving of meals needs is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.

²⁸ P119 – a list of items available to prisoners for purchase.

The Department of Corrections accepted recommendations 3b, 3d and 3e.²⁹

Corrections partially accepted recommendation 3a and stated:

Business cases were approved for three air conditioning units in the prisoner AVL suite, Access Control area and Visits Control area. Whanganui Prison also completed daily heat checks during this period.

During the exceptionally hot summer, Whanganui Prison implemented a Hazard Control Plan for prisoners and staff regarding heat exhaustion which focused on hydration, taking regular breaks in the shade, avoiding exertion during the warmest parts of the day, keeping vents or grills open to allow air flow and educating individuals on the early signs of heat related illness. Other initiatives included providing ice cream and ice blocks to prisoners and ensuring fans were made available for cells.

Corrections will continue to monitor and implement Hazard Control Plans in the future, as required.

I am pleased to note that business cases were approved for three air conditioning units in the prisoner Audio Visual Link (AVL) suite, Access Control area and Visits Control area. However, my Inspectors were particularly concerned about temperatures within the accommodation units. I acknowledge the initiatives taken to mitigate against excessive temperatures, however these are not sufficient long-term solutions for prisoner accommodation.

The Department of Corrections partially accepted recommendation 3c and stated:

Corrections recognise the importance of maintaining privacy and dignity in double bunked cells. Due to the fluctuating prison population, measures had to be taken to meet the increasing prison population in 2016, with the quick addition of privacy screens in double bunked cells, one of these measures.

Inspections by our Prison Capacity team are underway on the adequacy of the privacy screens added in double bunked cells (Te Moenga Unit) at Whanganui prison. It is expected we will consider what options, if any, are available following the inspections being completed.

I continue to encourage the Department to replace or improve the current privacy screens in the double bunked cells as they do not meet their intended purpose.

²⁹ The Department of Corrections' comments on recommendations 3b and 3d and 3e can be found in Appendix 1.

Criteria 4: Health and wellbeing

Expected outcomes: health and wellbeing

The Prison takes all necessary steps to ensure the wellbeing of all prisoners. Patients are cared for by services that assess and meet their health and substance use needs and promote continuity of care on release. Patients are treated with dignity, respect and compassion and their right to privacy is respected.

Assessment

Overview

The minimum standard for the health care of prisoners is set out under section 75 of the Corrections Act 2004. Section 75 provides that a prisoner is entitled to receive reasonably necessary medical treatment, of a standard equivalent to the standard of healthcare available to the public.

Health services were provided at Whanganui Prison by the Department of Corrections, with some essential, specialist contractor input such as GP provision. Services were adequate overall. However, there was no process for identifying emerging trends in healthcare needs such as an annual health needs analysis that could inform the delivery and development of the service.³⁰

Clinical governance arrangements were in place, and meetings were well attended. However, there was no evidence of patient engagement to inform service improvement, confidential complaints management, or clinical supervision for staff.³¹ Health services were preparing for renewal of their Cornerstone accreditation³² (March 2018).

The Health Service Manager and Team Leader were registered nurses and provided a reasonable level of leadership to a team of healthcare professionals. The primary health care team was available seven days a week. All staff had valid registration certification and mandatory training.

At times, the service had experienced difficulties in achieving service delivery standards due to the sheer volume of work and reduced staffing levels. This had resulted in a significant nurse recall list (84 patients), and many nurse-led clinics having to be cancelled. Nursing staff did not feel their concerns were always listened to and acted on.

³⁰ We have been informed that a national template for a health needs analysis is being developed, and due for completion at the end of February 2018.

³¹ Clinical supervision in the workplace is a way of using reflective practice and shared experiences as a part of continuing professional development.

³² An accreditation through the Royal New Zealand College of General Practitioners where practices must demonstrate compliance with a list of quality indicators and criteria.

Health staff were clearly identifiable, and the interactions we observed with prisoners were generally good. The addition of women prisoners at NPRC added another layer of complexity to an already stretched health service.

The Health Centre, which included one health bed (generally used as a third holding room), lacked sufficient consultation rooms and holding cells. There was no health promotion material available in holding cells.

There was standard resuscitation equipment and an emergency pack in the Health Centre, and maintenance checks had been consistently carried out. There were three defibrillators across the site. The disposal of hazardous waste was of a good standard and infection control measures were effective.

Overall, Medtech³³ notes lacked substance (with the exception of the Improving Mental Health Clinician's notes) and were not subject to regular clinical audit. There was little evidence of care planning for patients with complex and long-term conditions. Hard copy files were located in the main health centre and well maintained. There was evidence of patients attending external appointments.

The number of health complaints recorded in COBRA³⁴ for the period 1 September 2017 to 31 January 2017 was 21. The number of health-related complaints on IOMS³⁵ for the same period was 11. There had been two health complaints logged with the Health and Disability Advocacy Service. The most common complaints related to patients' access to medication. The system was not confidential.

There was limited health promotion material displayed in both the high and low-security units, and health promotion activity was limited to some one-to-one consultations. There was no integrated health promotion approach and no prisoner health representative. There was smoking cessation support for new arrivals in the form of lozenges, however the system was open to abuse in the form of bullying and stand-overs. Sexual health information was not routinely published, and condoms were not routinely made available.

There was no coordinated approach to meeting the needs of older and disabled men, and there was no definitive list held by health services of those considered to have a disability. Case management staff had created a list, although they were unsure of its accuracy.

Primary health care

The delivery of primary health care services was adequate despite low staffing levels and the increased workload generated by rising remand prisoner numbers and women prisoners (at NPRC).

³³ Medtech – the electronic clinical information system.

³⁴ Corrections Business Reporting and Analysis system (COBRA).

³⁵ Integrated Offender Management System (IOMS).

All new arrivals received a basic health screening, including for mental health issues and substance misuse, by a registered nurse. Health screenings were carried out in a small room in the Receiving Office with nothing but a computer. Physical examinations and general observations were unable to be carried out.³⁶

There were no posters or leaflets on health-related services, including how to make a complaint. Consent to treatment forms were completed without giving prisoners the opportunity to read the form. Secondary screenings took place in the Health Centre, and were determined by the Triage Score Guide (between one and seven days).

A relatively new GP worked a total of ten hours (Monday and Friday). Waiting times, depending on urgency, were between one and three weeks. Out of hours cover was provided by the 'on-call' nurse, and all emergencies were transported to the Emergency Department at Whanganui Hospital.

When asked how easy it is to see the doctor, 21 percent of survey respondents said it was very easy or quite easy, while 69 percent said it was quite difficult or very difficult.

The movement of patients to clinics appeared to be working well at the time of the inspection, and were coordinated by two Corrections Officers based in the Health Centre. Staff shortages in the Prison often resulted in one or both of the officers being redeployed from the Health Centre. This happened twice during the inspection and resulted in missed appointments. Relationships between health staff and Corrections Officers appeared to be good.

Nurses gave some medication (ear drops/eye drops) in offices and dining rooms because there were no suitable clinic rooms (Te Whakataa 1 and 2). Medication was issued in all units in the presence of correctional staff and prisoners, which was inappropriate.

When asked about ease of access to see a nurse, 56 percent of survey respondents said it was quite easy or very easy, and 40 percent said it was quite difficult or very difficult.

Free hobby glasses were provided by health services. Prescription glasses were purchased through an external provider following an examination paid for by the Prison.

The clinical rooms were clean and tidy. Clinic room doors were usually closed during consultations, although the Improving Mental Health Clinician was overheard having a consultation in the treatment bay due to a lack of rooms.

Dental services

An up-to-date copy of the dental service agreement was provided. Following assessment, healthcare staff assessed patients' needs as urgent or non-urgent. The dentist provided one six-hour session per week. The waiting list was long (90 patients), and too many patients were waiting to receive non-urgent treatment. According to our survey, 68 percent of survey respondents said it was quite difficult or very difficult to see the dentist.

³⁶ Two patients bought in by the Police on Saturday had significant physical injuries. They were unable to be examined until the Monday and received no pain relief medication on the Sunday.

The dental suite was reasonably new and well maintained, although there was no privacy for patients undergoing treatment. Dental equipment was serviced regularly, and good infection control measures were in place.

Pharmacy

Medicines were supplied by an external pharmacy. Prescriptions were faxed to the pharmacy Monday to Friday and delivered in the afternoon, and there were on-call arrangements in place for weekends and public holidays. A limited supply of stock medication was kept in the health centre. The pharmacist was part of the clinical governance group and attended governance meetings.

Inspectors observed that a significant amount of nursing time was spent carrying out protracted medication rounds. Patients received supervised medications at different times depending on where they lived. Nursing staff carried medication around the site in various non-secure bags and boxes. Medication sheets were not routinely taken on medication rounds, and prisoners were not always asked to identify themselves before medication was dispensed. Depending on the time of day, the nurse either issued medication in the unit or through the guardroom window.³⁷

There was no privacy or confidentiality for patients in any of the units when medications were administered, or during nurse consultations. We witnessed nurses assessing patients at guardroom windows in the presence of other prisoners and staff, and in double-bunked cells (Te Moenga Unit). Medication queues were not adequately supervised by officers, which increased the opportunity for diversion.

The dispensary³⁸ in the health centre was relatively clean and tidy. There were a small number of prisoners on controlled drugs. All controlled medicines were stored in a locked metal drug cupboard and checked and signed for by two nurses. Issues around security of the dispensary were raised with the Health Care Manager at the time of the visit.

Medications were stored in their original packaging and clearly labelled. There were some gaps in recording fridge temperatures.

Over-the-counter medication was poorly managed and open to abuse. Both Corrections Officers and nursing staff were observed issuing large quantities of paracetamol and ibuprofen with no written record of the event.

It is concerning that Inspectors have identified and reported similar poor practices in previous inspections of other prisons, yet no effective measures have been taken to address what appear to be a systemic failing.

³⁷ Some nurses issued medication at cell doors; others issued it from the guardroom window in each unit.

³⁸ For the purpose of this report a dispensary is a room where medications, including controlled drugs are stored. A treatment room is where assessments and treatment can be undertaken.

Mental health

Primary and forensic mental health services were well established. Two Improving Mental Health Clinicians (IMHCs) were a relatively new addition to the health team (June 2017), and provided services to prisoners with mild to moderate mental health issues.³⁹

Mental health screening was undertaken on arrival at the Prison, and referrals were made to the forensic team provided by Capital and Coast District Health Board.

The forensic nurse carried a caseload of 25 patients, and was responsible for generating referrals to the psychiatrist. Consultations took place in the Health Centre most days. Patients under forensics were seen every four to six weeks, and the forensic team routinely updated Medtech notes. There were no patients waiting for a forensic bed at the time of the inspection.

The IMHCs were required to see 15 clients, and deliver five hours of staff training each week. That training had not commenced as the Department was yet to identify what training it wanted. Referrals had to be in a written format, which delayed the process by several days. Both IMHCs carried a caseload of approximately 20 patients. Although early days, the feedback from prisoners and staff was positive.

There were 21 referrals to see the ACC counsellor, the last being in September 2017. Some prisoners were critical of the service. Their concerns were passed on to the Health Manager at the time of the visit.

None of the IMHCs, nor the forensic nurse or ACC counsellor were Māori. The forensic nurse stated that she could access cultural support when necessary from the wider forensic team. It was pleasing to note that one of the initiatives in the *Whanganui and Taranaki District Plan (2017 – 2018)* was for Māori prisoners with a mental health need to be referred to a Māori Health Advisor for a cultural assessment. We look forward to its implementation.

³⁹ The contract is a pilot and funded until 2019.

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis is carried out to inform the health development plan.
- b. Governance arrangements ensure that patient engagement, effective complaints management, and clinical supervision inform service improvement.
- c. Health promotion and care for older and disabled prisoners is developed to include prompt assessment and appropriate review.
- d. Reception health screening is undertaken in an area that facilitates physical examinations in private.
- e. A review of professional practice is conducted to address systemic failures in meeting Corrections' Health Services Medications Standards in respect of transporting and dispensing medication.
- f. Health services are supported to provide primary care appointments and medicines supervision through timely and reliable custodial officer support.
- g. Prisoner access to dental services is improved.

The Department of Corrections accepted recommendations 4a, 4b, 4e and 4g.⁴⁰

Corrections rejected recommendation 4c and stated:

We are confident that there is currently a system in place that ensures a prompt and appropriate review of all elderly and disabled persons who are received at the site. There is a coordinated approach to care for elderly and disabled persons. A robust nationwide older persons strategy is implemented at Whanganui Prison and outlines the requirement for annual medical and dental checks, and immunisations. A tool on Medtech is used to capture the number of prisoners in the older age or disabled demographic with the specific health classifications also available for each group.

The annual health needs assessment mentioned previously, will also measure the ongoing need for further focus on the elderly or disabled, or health promotion needs within the Whanganui prison population.

My inspectors witnessed two prisoners with a disability (one in a wheelchair and one with a fractured clavicle) being received at the Prison on the Saturday morning (see Footnote 36). Neither prisoner had a physical examination nor their general observations carried out until the Monday. Furthermore, the Health Manager was unable to provide a list of prisoners with a disability at the time of the inspection.

Corrections partially accepted recommendation 4d and stated:

⁴⁰ The Department of Corrections' comments on recommendations 4a, 4b, 4e and 4g can be found in Appendix 1.

The initial Reception Health Triage screen is a tool that supports the early identification of the health needs of the individual and informs the health service of how soon a clinical response is required to address those needs. Health Services is of the view that Reception Health Triage does not include the need for physical examinations. If the need arises for an immediate physical examination upon completing the Reception Health Triage screen the individual will be escorted to the health unit for this to take place. All staff will be reminded of the importance of this occurring by 30 June 2018.

Corrections partially accepted recommendation 4f and stated:

On page 34 of your report you advise “the movement of patients to clinics appeared to be working well”. In line with this statement, we seek further clarity around your recommendation that health services are supported to provide primary care appointments and medicines supervision through timely and reliable custodial officer support.

These movements are provided for by the timely and reliable custodial officer support daily and are underpinned by the good relationships exhibited between the health and custodial staff (as mentioned by your inspectors in the draft report). Custodial officers assist and supervise medication rounds in high security wings and ensure patients are escorted to the Health Centre for medical appointments.

Quarterly Clinical Governance meetings will maintain oversight of the levels of cancelled health appointments to determine if any action needs to be taken on resourcing or the operations of health clinics in the future. If any actions require addressing, the Health Centre Manager will report them on a monthly basis to the Prison Director.

As noted earlier in my report, the movement of patients to clinics appeared to be working well. However, staff shortages in the Prison often resulted in one or both of the officers being redeployed from the Health Centre. This happened twice during the inspection and resulted in missed appointments (see Primary Health Care section).

Criteria 5: Protective measures

Expected outcomes – protective measures

The Prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity. Prisoners are encouraged to take responsibility for themselves, their environment and their future. Their rights to statutory protections and complaints processes are respected.

The Prison takes appropriate action in response to the findings and recommendations of monitoring, inspectorial, audit or judicial authorities that have reported on the performance of the Prison.

Assessment

Young prisoners

There were 15 young prisoners in the Prison at the time of the inspection.⁴¹ Inspectors spoke with a number of these prisoners who confirmed that staff had provided adequate information on their rights and were able to use the telephone and access fresh air daily. One prisoner complained that he had been waiting for more than two months to see a dentist.

Inspectors witnessed one vulnerable youth transferred from the remand unit to the ARU. Appropriate measures were put in place to transfer him to Hawke's Bay Youth Unit the following day. One youth was double-bunked with an adult prisoner, and reported that he was happy with this arrangement.

The Prison is part of a Youth Champion staff network that meet monthly to share initiatives and provide support. A number of projects for youth had been initiated, including the production of a 'Pick-a-path' booklet. A Youth Package had also been developed and contained consent forms and information on agencies that may be able to assist (including mental health services).

Inspectors liaised with a number of staff in the Youth Champion network who felt that the project was gaining momentum. However, some Youth Champions felt that the initial training had lacked direction, and that key staff had been left to use their own initiative as to how to implement the project.

Remand prisoners

Remand-accused prisoners are generally required to be separated from remand convicted and sentenced prisoners. This separation is mandated in the Corrections Regulations (Regulation 186), and is also a requirement under Rule 11 of the Nelson Mandela Rules. This is a protective

⁴¹ One 17-year old, 10 18-year olds, and four 19-year olds.

measure to ensure that those who have not been found guilty of an offence are protected from those who have. Remand prisoners are not classified, and by default are managed as high-security prisoners, which curtails opportunities to participate in as 'normal' a regime as deprivation of liberty awaiting trial allows.

In 2013, the United Nations Subcommittee for the Prevention of Torture visited several New Zealand prisons⁴², and stated that limited time out of cells and the limited range and provision of constructive activities were issues for remand prisoners that should be addressed.

At the time of our inspection, 127 remand-accused prisoners were held at the Prison (22 percent of the Prison population). Senior management reported a recent increase in the remand population that reflected an increase in the remand population nationwide. Remand-accused prisoners were held across four units: West 1, West 2, the Extension and Pod 2, and one of the seven pods in Te Moenga, which had recently been designated as remand accommodation to cope with the increase in remand numbers. Three prisoners had spent more than two years on remand, and 40 prisoners had spent between one and two years.

Remand-accused prisoners were locked for prolonged periods. During the course of the inspection we noted that prisoners in the Extension Unit, who were not subject to any segregation direction under the Corrections Act 2004, were locked for up to 22 hours a day.

No remand-accused prisoner was enrolled on a short course or observed undertaking constructive activity during the course of the inspection.

A basic cell or yard regime was operating for all those on remand. We also observed remand prisoners being served evening meals in their cells as early as 3.45pm.

The range of constructive activities for all remand prisoners was limited, and Inspectors considered the provision of constructive activities for remand-accused prisoners to be of a lower standard than that of sentenced prisoners. Remand prisoners could request books from the library, via a catalogue system, which were delivered on a weekly basis. Some remand prisoners reported that they had recently attended a short course on water safety, and that there was some provision to work towards obtaining a driver licence. During the inspection, many remand prisoners played cards or loitered in the corridors/units when not locked up.

An 'immediate needs' pilot for remand prisoners had been running at the prison for eight months but was not continued after the pilot ended in June 2017. There appeared to be a need for additional support for remand prisoners, which was not being met at the time of the inspection.

Complaints

Under sections 152 and 153 of the Corrections Act 2004, there must be a fair, effective, comprehensive and prompt internal complaints system. Information on this must be prominently displayed in each prison unit, and include information on the right to seek

⁴² The report is available from <https://www.hrc.co.nz/your-rights/human-rights/our-work/opcat/>

assistance from an Inspector of Corrections or an Ombudsman. Under section 154, assistance for prisoners to make complaints must be available.

We were encouraged to note that complaint forms (PCO1s) were easily accessible in most units.

From 1 September 2017 to 28 February 2018, 151 complaints had been lodged by 94 prisoners.⁴³ The two main categories of complaint related to prisoner property and health services. Only one complaint was open at the time of review.⁴⁴

Inspectors were concerned that health complaints responses in the Integrated Offender Management System (IOMS) did not maintain prisoners' privacy. Some complaint outcomes were lacking in specified resolution outcomes, as noted in the following example: *"I have just had a very civil and productive meeting with prisoner [x] and a suitable resolution has been found."*

A number of survey respondents expressed no confidence in the complaints process. Inspectors received 59 further comments⁴⁵ in relation to making an internal complaint. Prisoners reported that staff made it difficult to get, or were reluctant to provide, PCO1 forms, and that PCO1 forms were reportedly destroyed or not registered by staff. Prisoners expressed concern that there would be consequences if they complained.

It was particularly disappointing to discover that some staff were unfamiliar with the revised complaints handling process. Prisoners were still being added to a waiting list to speak to Ombudsman staff during prison visits, a practice that has been discontinued since December 2016.

Access to telephones, kiosks and mail

Sections 76 and 77 of the Corrections Act 2004 provide that a prisoner may send and receive as much mail as the prisoner wishes, and that every prisoner is entitled to make at least one outgoing telephone call of up to five minutes duration per week.

Forty-seven percent of survey respondents reported having problems with sending or receiving mail. The majority of survey respondents, 80 percent, reported that they were able to use a phone each day (if they had credit).

There were some issues around access to telephones at times of peak demand. For high-security prisoners, and those low-security prisoners subject to an 8am to 5pm 'unlock', there were no opportunities to contact family and friends after about 4pm. There was limited privacy when using the telephone, particularly in the high-security units.

Phone numbers for the Health and Disability Commissioner, the Prisons Inspectorate and Office of the Children's Commissioner were not displayed on prisoners' notice boards. This

⁴³ Complaints data obtained from COBRA.

⁴⁴ 12 March 2018.

⁴⁵ See Q10.2, Section 10: Complaints and legal rights, of the Survey (Appendix 3)

information was available on prisoner kiosks, but was not in the vicinity of the telephone. When notified, the Prison Director ensured key contact numbers were displayed in close proximity to the telephone.

Information kiosks were positioned throughout the accommodation areas and all were operational. Prisoners reported that they generally sought advice from other prisoners on how to use the kiosks, although they were briefed by staff as part of the unit induction process.

Misconducts

There were 273 incidents of misconduct noted in the misconduct book in the six months preceding the visit. Of the 273 documents inspected, 36 were incomplete and did not record the outcome of the hearing. Incomplete paperwork was identified as an issue on a number of charges, and paper and electronic records were not always completed and closed.

There were also a number of prisoners on closed visits at the time of the inspection as a result of positive drug tests. Section 133 of the Corrections Act 2004 provides that forfeiture or postponement of privileges may be imposed by a hearings adjudicator for an offence relating to drugs. However, Corrections Regulation 158 provides that forfeiture of visits may only be in respect of private visits beyond the minimum entitlement of one 30-minute visit per week.

The Prison Operations Manual MC 01 Schedule 2 also provides that *'Subject to the objectives of prison security, prisoner safety, staff safety and protection of members of the community from danger of harassment, a prisoner "off privileges" is entitled to normal visiting arrangements'*.

There was no evidence that the prisoners had received the drugs for which they received the penalty at a visit. Automatically imposing closed visits on prisoners who have tested positive for drugs is not permitted under the legislation.

Te Tokorima (internal self-assessment)

The Prison had been a pilot site for Te Tokorima a Māui, a development of the Departments' 'Well Functioning Site' assessment and improvement processes. The Prison had issued questionnaires to all prisoners and were developing initiatives to address a range of issues that had been identified. We commend the initiative, particularly the Prison's efforts to canvass the views of prisoners and note the correlation with our survey findings.

A number of improvement activities and projects had been identified, which were being planned and progressed by multi-disciplinary teams.

Staffing

The Prison was fully staffed at the time of the inspection (235 full-time equivalent), however 18 were unable to be rostered due to a range of issues. No staff were subject to current disciplinary action.

Inspectors held focus group meetings with a range of staff groups. Staff reported that relationships with prisoners were generally satisfactory. They displayed a clear understanding

of some of the issues identified during the self-assessment process and were aware that initiatives were being developed to address them.

Some staff expressed frustration about *'directives emanating from National Office' that they perceived were issued by 'people who have never worked at the sharp end'*. It was suggested that National Office staff and Prison staff should have an exchange programme to foster a better understanding of each other's operating environment.

Staff spoke positively about the generally collaborative approach that prevailed at the Prison, and described co-operation between groups as *'better than in some other places'*. This was particularly valued as pressures resulting from increased prisoner numbers were identified as raising stress and fatigue issues.

Concern was expressed about the different working environments. Some areas were seen as more challenging than others, with gangs and mentally unwell prisoners identified as major factors. A lack of facilities and clear direction on how to manage such prisoners appropriately was a source of frustration, as was a perceived lack of progress in addressing chronic issues such as increasingly heavy workloads. It was recognised that some staff were more effective than others at working in high stress areas, and they deserved better support than was sometimes provided.

A number of staff suggested that better staff rotation practices would *'better share the load'*.

Some staff reported that they would like to see individualised training plans, in order to prepare them for *'acting up'* to the next role.

Some scepticism was voiced that *'consultation with staff' was 'just a tick box thing to say they have done it'* and did not bring about real change. Others spoke of being involved and engaged in bringing about change.

During the inspection a staff welfare-training day was held and was well attended. Issues of fatigue, stress, sleep and general wellbeing were explored.

Equality and diversity

The Prison did not have an Equality or Diversity Strategy, although elements of equality practice are referred to across various Prison and Corrections policies.⁴⁶ Inspectors found that while staff were generally sympathetic to prisoners with distinct needs, they were unable to clearly articulate basic expectations and standards in relation to equality and diversity.

Prisoners with disabilities

The physical environment of the prison was generally well designed, and prisoners with mobility issues or other impairments were able to navigate their surroundings without

⁴⁶ The Department of Corrections had previously indicated that an Equality and Diversity Strategy would be developed by April 2017. However, this was delayed due to competing priorities. On 5 March 2018, Corrections further advised that a Terms of Reference has been developed for an Equality and Diversity Strategy, and that this strategy should be in place by the end of 2018.

difficulty. Most units had additional accessibility features (or a dedicated cell to accommodate prisoners with physical disabilities), use of which by prisoners with mobility issues was not always assured (see At-Risk Unit (ARU), page 13). On one occasion, a prisoner with a prosthetic limb reported slipping in the shower, and Inspectors encouraged unit staff to arrange for a handrail to be attached to the wall in one of the showers.

Prisoners with disabilities were actively employed in the Prison. Inspectors observed prisoners with disabilities working in the plant nursery, the block plant, and in the joinery workshop. Some of these prisoners reported holding their job for a number of years.

Reasonable accommodation was provided for prisoners with disabilities on some occasions but was often limited. For instance, two deaf prisoners noted that one of the Case Managers had learnt some sign language in order to better interact with them. However, both prisoners also noted that a number of Prison staff on their units appeared unaware that they were deaf, and one prisoner noted that he had recently been asked if he would like to use the telephone. Both prisoners felt that staff could do more to communicate with them by writing instructions clearly. One of the prisoners also advised that he had not been told how he would be informed if there was an emergency evacuation or a fire, given that he was unable to hear any alarms.

Inspectors spoke with two prisoners who had required the use of a wheelchair due to injuries. Both noted that the wheelchair they were provided with had rotting wheels, and therefore the tyres were not fully functional. One of the prisoners would have liked occasional access to the wheelchair when experiencing pain but had been advised that a wheelchair was not available for him to use.

There was little evidence that the services of the Health and Disability Commissioner's Office were being promoted to prisoners. Posters were not routinely displayed in communal areas or next to prisoner telephones. Inspectors spoke to a number of prisoners with disabilities who were having difficulty accessing health or disability services, including one whose hearing aids had been audibly ringing for a number of months.

Prisoners with disabilities reported verbal harassment or bullying from other prisoners, however no physical abuse was encountered. Prisoners with disabilities generally had a reasonable rapport with Prison staff with most noting that there was at least one staff member they could turn to with a concern.

Thirty-four percent of survey respondents identified as having a mental health problem. Of the 277 respondents to this question in the prisoner survey, 16 percent (nearly half of those identifying as having a mental health problem) felt that they had not received help with this. Several prisoners noted that the state of their mental health had deteriorated substantially since arriving in Prison. Most prisoners with identified mental health needs expressed willingness to access counselling or support services, however they felt that the process for receiving counselling took much too long.

The Prison was unable to provide a cohesive centralised record providing a list of prisoners who identified as having a disability.

Transgender prisoners

Inspectors interviewed two transgender prisoners. There was no centralised record detailing the location or specific needs of transgender prisoners. Staff did not appear to be familiar with the protocol around transgender prisoners and were unaware that Corrections was developing a policy around the Management of Transgender Prisoners.⁴⁷ Three percent of survey respondents (eight prisoners) identified as transgender or transsexual.

Both transgender prisoners spoken to reported a high level of verbal harassment from prisoners. One also expressed concern about the conduct of a staff member, but noted this had now been resolved through the 'prison complaints process' (PCO1). An Inspector was advised by a Corrections Officer on one unit that transgender prisoners were '*homos that should be referred to somewhere else where they will be better accepted*'.

Both transgender prisoners stated that they had not been provided with any access to, or resources from, local LGBTI⁴⁸ services. One of the prisoners had started openly identifying as transgender while in Prison, and was seeking as much guidance and support as possible. Both transgender prisoners felt that Prison staff would benefit from training around LGBTI matters. Inspectors shared this view.

Recommendations - protective measures

5. I recommend that:
 - a. There should be greater opportunities for constructive activities for remand-accused prisoners.
 - b. Staff awareness and understanding of revised complaints process is improved.
 - c. Prisoners who test positive for drugs are not automatically placed on closed visits.
 - d. The Department develop a comprehensive equality and diversity strategy.
 - e. The Prison develops a comprehensive system for recognising, reporting and supporting prisoners with disabilities.
 - f. Staff awareness of LGBTI issues is raised.

The Department of Corrections accepted recommendations 5a, 5b, 5d and 5f.⁴⁹

Corrections rejected recommendation 5c and stated:

Corrections believe that we are undertaking the lawful and necessary actions regarding closed visits for prisoners who test positive for drugs. Regulation 146 of the Corrections Regulations 2005 establishes the Identified Drug User (IDU) programme for the purpose of permitting the random testing, assessment and

⁴⁷ The Department of Corrections released its policy on the Management of Transgendered Prisoners on 5 March 2018, shortly after the conclusion of our unannounced inspection.

⁴⁸ Lesbian, gay, bisexual, transgender and intersex.

⁴⁹ The Department of Corrections comments on recommendations 5a, 5b, 5d and 5f can be found in Appendix 1.

management of prisoners in relation to their drug use and alcohol consumption. Under S.07. Res.03 in the Prison Operations Manual (POM) booth visits are imposed on IDU status prisoners. Booth visits may also be applied to prisoners awaiting a disciplinary hearing for drug related misconduct. Booth visits have authority under Regulation 101(2) where a visitor may be approved subject to any conditions or restrictions that are necessary to ensure that the matters in sub clause 101(1) are not adversely affected. These matters include the security, good order or discipline of the prison, the welfare, chances of successful rehabilitation or safety of the prisoner and the welfare or safety of any person in the prison including the visitor. This is also provided for under Regulation 112(1)(b) which advises that all prisoners must be supervised in a way that balances the privacy of the visit, the safety and security of all involved and prevents the transfer of unauthorised items between visitors and prisoners.

IDU status is only applied to prisoners found guilty of drug related misconduct. A guilty finding follows the regulated process and aligns with the above regulations and provisions. It is the adjudicator or Visiting Justice who establishes the drug use. The prisoner can defend the charge or plead guilty and enter a plea in mitigation. Additionally, prisoners have the opportunity to have the status removed by returning negative drug tests which can result in the resumption of contact visits.

Health and Safety of staff and other prisoners in the custodial environment is imperative to visits. Closed visits are designed to prioritise the safety of the prisoner, their visitor and the wider prison estate. Corrections have a duty of care to ensure that visits can take place in a safe and carefully managed environment and believe that containing a potentially volatile situation outweighs an expectation that visits are always maintained in an open environment.

The Department of Corrections rejected recommendation 5e and stated:

Whanganui prison have established processes within Health Services and Custodial Services that ensure individuals with disabilities are identified early and that individualised care to address a disability is provided. An immediate needs assessment is conducted in the receiving office to ascertain any medical issues or conditions which we need to manage. Reception Health Triage screening identifies and documents in IOMS and Medtech any disabilities the patient may wish to disclose.

In 2017 the Deaf Association provided training and resources in sign language to all Whanganui Prison staff to aid in supporting those with hearing impairments. Whanganui prison also currently provides five purpose built accessibility cells, two in high security and three in low security.

In 2018, we commenced a review into restructuring offender information alerts. This will include reviewing all alert types, however particularly amalgamating pre-existing alerts (hard of hearing and deaf alerts) with new similar alerts under the category 'Disabled'. The expectation is that staff will then 'check' and therefore be able to better identify and support prisoners with disabilities. Timeframes for this work to be completed have not yet been established.

While I acknowledge the work that is being undertaken, I remain concerned that some staff are unable to identify and support prisoners with disabilities. This is an area I shall continue to focus upon in my role as a National Preventative Mechanism and as one of the Independent Monitoring Mechanisms for The United Nations Convention on the Rights of Persons with Disabilities.

Criteria 6: Purposeful activity and transition to the community

Expected outcomes – purposeful activity and transition to the community

All prisoners are encouraged to use their time in Prison constructively and this is facilitated by the Prison. The Prison supports positive family and community relationships.

Prisoners' sentences are managed appropriately to prepare them for their safe return to their community at the earliest opportunity. The Prison provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. There are sufficient, suitable education, skills, work and programme places to meet the needs of the population. Prisoners are consulted in planning the activities offered.

Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities.

Assessment

Time out of cell

Inspectors undertook two separate morning muster checks to determine how many prisoners were undertaking education, work or programmes.⁵⁰ The majority of prisoners (56 percent) were unlocked on their respective units or associating/exercising in the yards. Thirty-three percent of the Prison population was engaged in some form of constructive activity (25 percent off the unit and 8 percent on their units). The other 19 percent were locked in their cells. The Prison did not monitor its performance in providing time out of cell.

Thirty-four percent of survey respondents indicated that they spent between two and four hours out of their cell daily, and only 7 percent reported spending six hours or more out of their cell. Thirteen percent stated that they spent less than two hours out of their cell each day.

Prisoners in Te Whakataa 1 and 2 were subject to an 8am to 5pm regime, despite being low-security prisoners. Prisoners in these units, who were employed in industries, informed Inspectors that there was limited time to use the telephone and address administrative issues following work and prior to lock-up.

Low-security prisoners in the Self-Care Units, Southwood and the Whānui were not subject to the restricted regime and were locked later in the evening.

⁵⁰ Inspectors undertook a full muster check of the Prison on Wednesday morning and Monday morning to identify how each prisoner was spending their time (including if they were locked or unlocked).

Purposeful activities

The Prison had identified, through its internal assessment and improvement processes, that there were limited purposeful activities for prisoners. Most time spent out of cell, particularly in the high-security units, was non-productive due to the lack of activities.

Education and employment were identified as areas that prisoners and staff would like to see further developed. It was not obvious to Inspectors that more constructive activities had been provided, following the Prison's self-assessment.

Constructive activity during the period 1 September 2017 to 31 January 2018 was recorded as averaging 3,637 hours a month, which equates to an average of 6.2 hours of constructive activity per month per prisoner.⁵¹

Outdoor exercise

Sections 69(1)(a) and 70(1) of the Corrections Act 2004 entitle prisoners (other than those engaged in outdoor work) to a minimum of one hour of physical exercise per day, in the open air if the weather permits, and this is supported by Rule 23 of the Nelson Mandela Rules.

Seventy-four percent of survey respondents stated they received their minimum entitlement of one hour of physical exercise in the open air, while 16 percent stated they could go outside between one and five days a week, and five percent stated that they could not access outside exercise. Prisoners were observed using the external exercise yards and the open compound areas for fresh air and exercise.

High-security yards were basic, although two contained exercise equipment such as pull-up bars. During the inspection, a number of prisoners in the high-security units elected to stay in their cells as opposed to exercising in the yard. Inspectors observed Prison staff facilitating sport sessions in the large open yard for high-security prisoners at weekends. Prisoners looked forward to these sport sessions.



Figure 9: Te Moenga yard



Figure 10: High-security yard

⁵¹ Averaged by 581 Prisoners (total muster).

Gymnasium

The Prison had gym equipment located in the main hall,⁵² and a dedicated officer facilitated gym sessions. High-security units could access the gym on a weekly basis, but numbers were limited, resulting in a rotation system for prisoners to attend. The majority of survey respondents (62 percent) reported using the gym at least once a week.

Exercise equipment was located in each of the low-security units and was popular with prisoners. Both staff and prisoners recognised the benefit of having structured exercise sessions.

Chaplaincy

There was provision of religious support at the Prison. Two part-time chaplains were supported by a group of volunteers, and reported a good relationship with staff and easy access to prisoners. Approximately 277 prisoners had received individual visits from one of the chaplains between September 2017 and February 2018.

Church services were delivered in the high-security units by volunteers on Sundays, and low-security prisoners could attend services in the gym. Bible studies/religious instruction was also available to some prisoners. Just over half (53 percent) of survey respondents stated that they could attend religious services.

Library services

Rule 64 of the Nelson Mandela rules states *“Every prison shall have a library for the use of all categories of prisoners, adequately stocked with both recreational and instructional books, and prisoners shall be encouraged to make full use of it.”*

The Prison had a well-stocked library with some up-to-date titles, and employed a full-time librarian. Low-security prisoners attending the programmes complex (where the library was situated) could visit the library on an ad-hoc basis. All other prisoners could request books via the library catalogue system, and books were then delivered to the units once a week. Forty-two percent of survey respondents stated that they never went to the library, while 49 percent said the library did not have a wide enough range of materials to meet their needs. Many prisoners stated that they would appreciate more library access.

A review of records showed that a total of 1,059 prisoners used library services between September 2017 and February 2018. Low-security prisoners were more likely to access reading material. Inspectors thought there could be more promotion of library services in the high-security units.

⁵² The main hall was also used for religious services.

Cultural provision

With the exception of the Te Tirohanga programme,⁵³ cultural provision across the site was limited. Relationships between the Prison and the kaumātua and iwi had diminished over the previous few years although direct relationships with the Prison Director were good. Kaumātua remained members of the National and Regional Māori Management groups, however involvement at the Prison was limited to attendance at graduations and special events.

The Regional Māori Advisor, who was part of the Māori Leadership network, had a good working relationship with kaumātua and with Pūtiki Marae elders. Some work was being done with staff to increase their knowledge and understanding of kaupapa Māori, and to incorporate this into the work being planned for working with young Māori. Inspectors noted some staff and prisoners in Te Whakataa 2 conversing in te reo, which was pleasing to hear.

Many prisoners spoken with in the high-security units wanted the opportunity to learn te reo and about Māori cultural values and protocol. A Te Ihu Waka programme with Māori content was running at the time of the inspection but only for low-security prisoners (average 14 prisoners a day).

Forty-nine additional survey comments⁵⁴ were received in relation to meeting cultural needs. Common themes to emerge were respondents reporting a lack of cultural sensitivity and whānaungatanga within the prison environment, as reflected in the following survey comment.

“As Māori prisoners, everything we are subjected to is against our beliefs. Eating, sleeping and ablutions in the same room leads to path of destruction. Feel dishonoured and feeling as if we have failed, our mana has been discredited. If we have our customs upheld it could contribute to recovery. How can we recover in an institute where your culture is disrespected daily?”

Visits

The large visits room was usually divided into two separate areas, which facilitated a degree of flexibility in managing to keep various groups and classifications of prisoners separate.

Child-friendly areas had been provided, which offered limited opportunities for parents to play with their children (parents could only spend up to ten minutes with their children in these areas). Inspectors were informed that hygiene concerns associated with communal toys and books meant that such diversions could not be provided. Children were not allowed to bring their own toys to visits because of security concerns. Given the importance of visits in supporting bonds between incarcerated parents and their children, it was disappointing that these areas were under-developed.

The Department of Corrections’ policy is to limit the number of visitors at any one time to three per prisoner. Some visitors and prisoners raised concerns about this limit, as a number of prisoners reported having more than two children, which meant that they could not all visit at

⁵³ Provided in a 60-bed unit – Te Whare Tirohanga Māori o Whānui. Programme duration nine months.

⁵⁴ See Q7.4, Section 7: Religion and culture of the Survey (Appendix 3)

the same time. Staff supervising visits advised that special arrangements could be made if the situation required.

Management processes worked well. Staff-prisoner relationships were good and helped to create a relaxed atmosphere in the visit room. Staff supervising the visits were professional and demonstrated a good awareness of the potential risks and mitigations. Staff in Visits Control were fully aware of the prisoners and visitors who required a higher degree of supervision and acted accordingly.

Visitors were treated courteously and ‘exceptions’ managed sensitively and compassionately.

Youth prisoners were not allocated a weekend visit period, nor were they normally scheduled for any child visit periods and could not normally receive visits from younger siblings or their own children.

The Prison had Audio Visual Link (AVL) facilities, and prisoners were able to conduct visits with family or meet with community supports for those who were out of region. AVL for visits was not fully utilised. The Prison also had a separate AVL facility for court appearances thus reducing the need for external escorts.

Searching at visits

Sections 98(6)(h) and (i) of the Corrections Act 2004 specify that prisoners ‘may’ be strip searched before and after any person visits or has visited the prisoner. During visits, prisoners were required to wear orange jumpsuits (cable-tied at the neck), were supervised by staff and monitored on camera.

We were concerned to learn that blanket strip searching of prisoners was taking place despite an instruction in early 2017, in response to a previous OPCAT recommendation⁵⁵, that it should cease. We were encouraged to observe that the practice was stopped after it was brought to the attention of the Prison Director.



Figure 11: Child area in visits

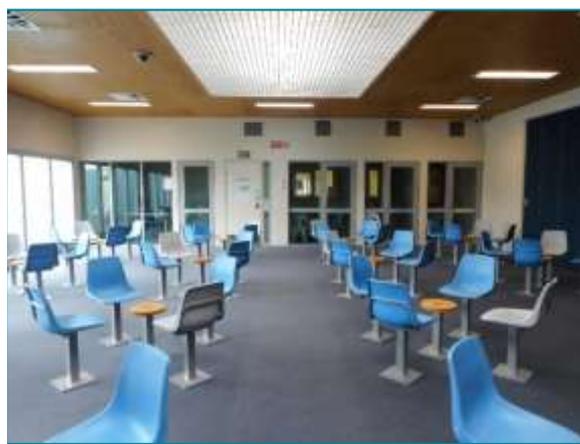


Figure 12: Visits area

⁵⁵ Unannounced Inspection of Hawke’s Bay Prison (28 November – 4 December 2017). Recommendation 7e.

Training and employment

There were training and employment opportunities for 199 prisoners at the Prison.⁵⁶ During the inspection, we assessed workplace capacity and aligned it with prisoner attendance.⁵⁷ The maximum number of prisoners attending training and employment was 148 (74 percent). Specific findings are detailed below:

Table 1: Prisoner employment Wednesday, 14 February 2018

Work area	Workplace capacity	Numbers on day of assessment	Comments
Horticulture/nursery	24	26	Nursery has extra capacity at busy times of the year
Concrete	16	16	
Block plant	40	30	Some prisoners on programmes, medical appointments and sick
Kitchen	39	15	A number of prisoners were working six/seven days a week
Painting party	14	14	Site and unit based
Internal/external grounds	18	18	Site and unit based
Joinery	10	1	Instructor away
Laundry	6	4	High-security prisoners
Textiles	8	8	High-security prisoners
High-security ground maintenance (motor shop closed).	8	8	High security prisoners
Open Polytech horticultural course	8	8	
National Certificate in Building, Construction, and Allied Trades Skills	8	0	Commencing early March 2018
Total	199	148	

⁵⁶ Figures provided by the Prison.

⁵⁷ This occurred on Wednesday, 14 February 2018.

A source of frustration for instructors was the transfer of prisoners mid-training due to muster pressures. This was done without consultation with instructors, and prevented them trying to organise training at the receiving establishment. Employment for high-security prisoners was limited to unit work (cleaning/laundry/textiles) and ground maintenance. Unit employment accounted for approximately 25 percent of the employment in the Prison.

Work was being done to support a new pilot programme for young Māori men aged under 25-years old. The programme, due to commence on 26 February for a period of nine months, was part of the Whanganui and Taranaki Reducing Reoffending Initiative 2017-18. The programme will provide work opportunities and qualifications for young Māori men in a number of fields. At the time of the inspection, there were insufficient numbers of under 25-year olds at the Prison, and staff were canvassing under 25s at other sites. This will be a good initiative if it comes to fruition.

Programmes and education

The Prison provided a Short Rehabilitation Programme (SRP) for those prisoners unable to attend a Medium Intensity Rehabilitation Programme (MIRP).⁵⁸ The duration of the SRP is 24 sessions, each of 2.5 hours duration, 3-4 days a week. There were four prisoners on a SRP at the time of the inspection.

A Short Motivational Programme (SMP) of five hours duration over five weeks was available for prisoners requiring one-on-one support to enhance their motivation to address their offending behaviour. There were two prisoners on a SMP at the time of the inspection.

A number of short courses were provided, including: first aid; intensive literacy and numeracy; parenting (Brainwave Trust); alcohol and other drugs;⁵⁹ creative writing; foundation skills; and fire risk management.⁶⁰ We assessed attendance on programmes and at education against daily lists provided for the period 12 to 16 February 2018. The average number of programme/education spaces daily was 55. Of those spaces, 50 were filled.⁶¹ Inspectors were advised that nearly half of attendees (42 percent) were high-security prisoners.⁶² A lack of programme rooms across the estate prevented more activities taking place.

Whānui Unit was the location of a structured treatment programme in the form of Te Tirohanga.⁶³ In the programme, participants in groups of nine worked through three phases, each of three months duration. Phase one, Te Waharoa, supports prisoners on their journey to identify *ko wai au* (who I am as Māori). Phase two, Mauri Tu Pae, enables prisoners to reflect on themselves and to adjust their thoughts, attitudes and behaviours that led to their

⁵⁸ The next scheduled MIRP was due to start May 2018.

⁵⁹ Brief Alcohol and Other Drugs: 4 sessions of 2.5 hours; held over one to two weeks. Intermediate Alcohol and Other Drugs: 8 sessions of 2.5 hours; held over two to three weeks.

⁶⁰ This list is not exhaustive.

⁶¹ Information provided by the Interventions Coordinator, Whanganui Prison.

⁶² There were 80 high-security prisoners in the prison at the time of the inspection.

⁶³ A Māori focus programme, set up in 2002.

offending. Mauri Tu Pae is the equivalent of the national MIRP. Phase three, Drug Treatment Programme, supports prisoners to address their alcohol and drug issues. The programme is run by a collaboration of the District Health Board, the Primary Health Organisation and local iwi. Not all participants are Māori. The emphasis for all is on wanting to participate.

A lack of programmes for high-security prisoners impacted on prisoners' sentence progression. High-security prisoners at Whanganui were unable to attend MIRP or SRP due to their security classification. Offender employment and programmes drew from the same group of low-security prisoners and, consequently, not all employment and programme places were filled.

Despite issues with prisoner availability and suitability, the management and coordination of training and employment, and programmes and education appeared to be well led.

Case management

The Case Management team was fully staffed at the time of the inspection. There was a good balance of both male and female Case Managers from a variety of ethnic backgrounds. The average length of service was four years, and turnover rates were low. Professional development was evident. The Practice Leader, who had a background in case management, provided in-house training and practice development for case management staff.

Each Principal Case Manager had a number of Case Managers assigned to them, however they worked as one team. The team caseload was generic in nature. Relationships within the team were fragmented, however management were aware of this and were addressing the issue.

Case Managers carried a caseload of between 30 to 40 prisoners, the majority of whom considered this to be a manageable caseload. There were 48 unallocated prisoners (17 sentenced and 31 remand prisoners, including 13 prisoners at NPRC). No prisoners on the waitlist at this time were outside of the Standards of Practice timeframes. Case Managers also held additional portfolio work for external agencies, as well as being assigned a unit within the Prison. Case Managers were also assisting their colleagues at Otago and Waikeria Prisons by drafting Parole Board reports.

It was reported by both custodial staff and prisoners that the process to see a Case Manager worked well. There was a general sense across the site that Case Managers provided a timely and good quality service to providers.

External reintegration plans were not kept in a centralised system, such as Integrated Offender Management System (IOMS), which had the potential to cause duplication of effort or resource when prisoners transferred.

The increase in prisoner transfers often meant that Case Managers considered there was a waste of resources owing to duplication of work with unplanned or short notice transfers as referrals to external support services needed to be repeated.

Case Managers raised concerns that interview rooms in some units were not health and safety compliant. My Inspectors also experienced this, whereby interview rooms had to be cleared of broken furniture and other clutter before they could be used for interviews.

Release to work (RTW)

Eight prisoners were on RTW at the time of the inspection. Those on RTW were housed in the external self-care unit, which was full at the time of the visit (20 prisoners).

Inspectors were informed that employment opportunities in the community were limited. Senior staff thought it would be beneficial for the Department to look at matching skills taught in the Prison to better match external industry skills. It was suggested to Inspectors by staff onsite that consultation between the Department of Corrections and the Ministry of Business, Innovation and Employment (MBIE) for future workforce skills projections could be of benefit. The Department, however, reported that it is engaged with the Sector Workforce Engagement Programme, a cross agency programme coordinated and led by MBIE which engages with industries critical to New Zealand.

Guided release (GR)

Guided release supports long-serving prisoners with re-integrative needs in their transition back into the community. Release activities could include attending a job interview, registering with Work and Income New Zealand and obtaining accommodation. Prisoners must be eligible for temporary releases from prison.

GR at the prison appeared to be well established. Case Managers made appropriate referrals to the Advisory Panel, and this was reflected in the approval rate of 100 percent. Staff and prisoners were aware of GR opportunities available for those suitable to apply.⁶⁴

From 1 August 2017 to 31 January 2018, all 12 applications for GR were approved. The Prison was unable to provide figures for prisoners who were eligible for GR at the time of the inspection. Eligibility⁶⁵ did not automatically equate to an application being put forward to the Advisory Panel by Case Managers. Inspectors were advised that Case Managers assess suitability based on their Offender Plan objectives and sentence phase.⁶⁶

Out of Gate (OoG)

Out of Gate is a contracted navigation service in all prisons which assists short-serving prisoners to address any identified re-integrative needs before and during their return to the community.

Short-serving prisoners⁶⁷ and remand prisoners who had been in prison for more than 30 continuous days were eligible for OoG services. OoG navigational re-integrative services were provided by Te Aranga Mai (HealthCare NZ). There were two levels of OoG referral – standard and enhanced. Standard provision supported prisoners for one month after release while

⁶⁴ No GR applications over the period 1 August 2017 to 31 January 2018 were declined.

⁶⁵ National Office provide a monthly listing of eligible prisoners.

⁶⁶ Sentence phase could be rehabilitative or re-integrative.

⁶⁷ Serving less than two years.

enhanced provision supported prisoners for 60 days post-release. During the period 1 August 2017 to 31 January 2018, 142⁶⁸ referrals were received and accepted by Te Aranga Mai (131 standard and 11 enhanced). Te Aranga Mai was also working with remand prisoners who were actively seeking electronic monitoring bail and had been referred by a Case Manager. Relationships between Te Aranga Mai and the Prison were good.

A sample of re-integration plans⁶⁹ reviewed by an Inspector were found to be thorough. Family/whānau involvement (where appropriate) was evident, and community links were sought and established prior to release. Community Probation was involved throughout the engagement with the OoG provider, both pre- and post-release. Re-integration plans were provided to both Case Managers and probation, and a copy offered to the prisoner.

Prisoners Aid and Rehabilitation Society (PARS)

PARS Whanganui provide navigational support for prisoners serving a sentence of more than two years with an identified re-integrative need. PARS advised that for the six months prior to the inspection, it received 177 referrals.⁷⁰ Prisoners and PARS worked together to formulate a comprehensive tailored release plan. A copy of the plan was provided to the appropriate support and service providers before release. PARS described the relationship with the Prison as solid.

For the period 1 August 2017 to 31 January 2018, there were 455 prisoners with a sentence of two years or longer.⁷¹ PARS work with prisoners from six weeks to one month prior to their sentence release date and/or if a parole release date has been notified or is imminent.

Only one interview room was provided for external agencies, located in the Visits area. It was reported to Inspectors that it was often problematic for external agencies to conduct referral interviews with such limited private space.

Tiaki Tangata re-integration service

Tiaki Tangata, provided by Tupoho Whānau Trust is a whānau-centric, wrap-around case management service, supporting long-serving Māori offenders to re-integrate into the community. The service provided assistance to find sustainable accommodation and paid employment, and supported prisoners in reconnecting with the community. Referrals from Case Managers were at either standard or enhanced levels of support. There were six referrals made for the period 1 August 2017 to 31 January 2018.

Work and Income New Zealand reintegration service

A Work and Income New Zealand Prison Reintegration Co-ordinator was assigned to the Prison to assist with prisoners' release planning. Their role was to assess a prisoner's eligibility for

⁶⁸ A check of Corrections' COBRA system shows 10 more referrals during the same timeframe.

⁶⁹ Nine reintegration plans were reviewed by the Inspector.

⁷⁰ Referrals were received from prisoners, unit staff, case managers and whānau.

⁷¹ Prisoners had spent at least one day as a sentenced prisoner at Whanganui Prison during this time period.

Steps to Freedom or any other financial support (clothing, bond, family support), as well as their employability. A sample of Work and Income pathway reports were reviewed and found to be comprehensive. Generally, the system appeared to be working well.

Right Track meetings

The Department of Corrections promotes Right Track as supporting staff to take the right action with offenders at the right time, by knowing what is going on in their lives and encouraging them to make positive use of their time in custody.

Inspectors were advised that formal Right Track meetings were not being consistently held across the various units. Meetings should take place between Case Officers and Case Managers to discuss a prisoner's sentence progression and re-integration needs. The Senior Corrections Officer should be responsible for ensuring that the meetings take place and the outcomes recorded.

A sample of Right Track case notes were reviewed and found to vary in quality. A number of notes were found to be a 'cut and paste' from Parole Board outcomes, with no additional input from Case Officers.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Unlock hours in Te Whakataa 1 and 2 are aligned with the rest of the low-security estate.
- b. The Prison provides more constructive activities, including rehabilitative programmes, for high-security prisoners.
- c. Provision of cultural support is enhanced throughout the Prison.
- d. The Department ensures that national directives are complied with at site-level (strip-searching).
- e. Access to interventions is made available and appropriately sequenced so that prisoners can address their offending behaviour prior to their initial appearance at the Parole Board.
- f. The Prison provides suitable and sufficient interview space for all staff, including external providers.
- g. Right Track meetings are reinstated at the Prison.

The Department of Corrections accepted recommendations 6b, 6c, 6d, 6e and 6g.⁷²

Corrections partially accepted recommendation 6a and stated:

Corrections agree that it is ideal to have prisoners unlocked for as many hours as possible; however, this must be balanced with staff and prisoner safety and custodial officer resourcing to meet operational requirements. Staff resourcing has been re-directed to other pressure points in Whanganui Prison however, as previously identified one of the primary design considerations of the Making Shifts Work programme is the normalisation of prisoner meal times, including the reduction of time between dinner and breakfast to less than 14 hours. To the extent that sites cannot meet this requirement, the programme Governance Board will review the justification for an exception and evaluate alternatives for removing obstacles.

The Department of Corrections partially accepted recommendation 6f and stated:

Corrections recognise that there is demand on the availability of rooms for staff and external providers. A booking system for these rooms for all staff and external providers is maintained to ease capacity related constraints.

In terms of your finding regarding broken furniture and clutter in interview rooms, Residential Managers in residential units that house interview rooms have been tasked with ensuring that each interview room is fit for purpose, including the removal of rubbish and broken items. Additionally, the layout of the room will be assessed to ensure it is safe and suitable for use. These checks will be completed by the end of June 2018.

⁷² The Department of Corrections' comments on recommendations 6b, 6c, 6d, 6e and 6g can be found in Appendix 1.

New Plymouth Remand Centre (the Centre)

The New Plymouth Remand Centre (NPRC) opened in October 2013 following the decommissioning of New Plymouth Prison. The Centre provides secure accommodation for prisoners required to attend New Plymouth Courts or awaiting transport to Whanganui Prison.⁷³ It has an operating capacity of 24. The facility is managed and staffed by Corrections Officers from Whanganui Prison.

The Remand Centre is co-located with New Plymouth Police Station. It is gazetted as a Department of Corrections Prison, while the Police Station is gazetted as a police station and police jail. This allows both agencies to lawfully manage prisoners in the facility.

The facility was designed to be open and staffed from Monday to Friday with the primary function of servicing New Plymouth Court. However, in October 2016, the facility transitioned from a Monday to Friday operation to a 24-hour, seven days a week, operation as a result of muster pressures across the prison estate.

A full inspection of NPRC was conducted by an OPCAT Inspector in March 2017 and the following two recommendations were made:

- All prisoners detained at the Centre for a period of longer than seven days should receive visitors.
- Provision of access to fresh air should be noted in the daily diary, even if declined.

In conjunction with the 2018 unannounced Whanganui Prison Inspection, Inspectors conducted a further unannounced inspection of the facility on 20-21 March 2018.

Background

The Centre is not specifically designated, which means that women and youth can also be accommodated at the facility. At the time of inspection, the muster at NPRC was 12. There were three females and nine males. Youth, male and female prisoners are housed separately, as are sentenced and convicted prisoners. Staff at NPRC spent a great deal of time appropriately managing the separation of prisoner categories. They reported that the muster pressures had greatly impacted on the Centre, and that the focus had shifted from a remand holding centre to that of a temporary prison.

Two-hundred and sixty-one male prisoners and 25 female prisoners had been held at NPRC between 1 March 2017 and 1 March 2018. The following table details the duration of their stay. Periods of detention at NPRC have increased substantially in the past 12 months, despite the unit having been built to accommodate prisoners for a period of up to five days.

⁷³ Between two and three hours travel time (each way) to/from Whanganui Prison.

Duration of stay	Number of Prisoners
1-5 days	210
6-7 days	43
1-2 weeks	56
2-3 weeks	32
3-4 weeks	21
≤ 1 month	37
≤ 2 months	7
≤ 3 months	1
≤ 4 months	2
≤ 5 months	1
Total⁷⁴	410

≤ less than or equal to

Treatment

Use of force/directed segregation

There were six 'use of force' incidents in the 12 months preceding the inspection. There had been no use of force incidents at NPRC in the period March 2016 to March 2017. Inspectors were informed during the course of the Whanganui Prison inspection that NPRC had, in recent months, been identified as an incident 'hot spot'. Staff at NPRC attributed the rise in incidents to changes in the types of prisoners they were receiving, including prisoners with more complex mental health and behavioural issues, and prisoners with gang connections.

Inspectors were present at NPRC during what they perceived to be a significant incident. Staff managed the incident promptly, and associated incident reports and a team debrief were completed in a timely manner. We were concerned to note that the incident, which involved a makeshift weapon and appeared to have been orchestrated by an influential gang member, was not recorded by on-body cameras and did not meet the criteria to be reported to National Office as a 'significant incident'.

NPRC does not hold prisoners who are subject to directed segregation.

At-risk prisoners

The Centre had a designated at-risk cell. This was located on the ground floor of the Police station and was subject to CCTV surveillance. The camera-feed can be observed from the

⁷⁴ The total number of prisoners broken down by Custody Status and Timeframe is different to the number of distinct offenders housed in NPRC on multiple different occasions under different custody statuses.

secure staff base office in the Centre (first floor). Prisoners who are identified as at-risk are relocated to Whanganui Prison where they are managed in the designated ARU.

The at-risk cell is not suitable for extended periods of confinement (more than 24 hours). Staff reported that Whanganui Prison is highly responsive and will come at any time of the day or night to transport an at-risk prisoner to the Prison. During the course of the inspection of Whanganui Prison, Inspectors observed arrangements for transportation of an at-risk prisoner to be transferred from NPRC late at night, to ensure he was appropriately managed in more suitable surroundings.

Material conditions

Accommodation

The NPRC is located on the first floor of New Plymouth Police station. Prisoners were received through the Police vehicle entrance and then processed and searched in a designated area on the ground floor. All prisoners are strip-searched on admission to the facility. The strip search area does not afford full privacy, so female prisoners are strip-searched in the health centre.⁷⁵ Once formally 'processed', prisoners are escorted by Corrections Officers upstairs (via a lift) to the remand centre.

NPRC consisted of four separate pods, each pod comprising three cells which are double-bunked. Cells have in-cell toilets. Some cells have in-cell showers while others have access to showers located in the pod area.

The cells face on to a small communal space that had a telephone, table and bench. Privacy is compromised by the perspex cell frontage on each cell. Although basic in design, pods and cells were clean and well-maintained. There was no visible graffiti in the hub.

NPRC is accessible by a lift, and cells are suitable for prisoners with mobility issues.

Sanitary conditions

All prisoners had clean clothing and bedding and could take a shower daily. The store room was well-stocked with feminine hygiene products available for female prisoners. One female prisoner was responsible for laundry arrangements.

Food

Food portions and quality appeared reasonable. Food is prepared at Whanganui Prison, frozen, and then reheated at the Centre. Fresh sandwiches are provided every other day. Prisoners did not complain about the quality of the food, although some concerns were raised over meal portions being too small.

⁷⁵ The strip search area is designed in such a way that others in the area can observe the prisoner's unclothed upper body.

Activities and communications

Outdoor exercise/constructive activity

Under sections 69(1)(a) and 70(1) of the Corrections Act 2004, prisoners (other than those engaged in outdoor work) are entitled to a minimum of one hour of physical exercise each day, in the open air if the weather permits. Rule 23 of the Nelson Mandela Rules supports this.

The Centre had two small concrete yards to facilitate access to fresh air and exercise. The yards were located on the first floor and had a grilled roof. Only two prisoners could access the yard at any one time due to its size. At the time of inspection, female prisoners could only access the yards at the end of the day for one hour (as per minimum entitlements) when the male prisoners had been locked. The women felt that they were disadvantaged as the yards were often not in use but their access to them was restricted, due to the complexities of managing different regimes.

Yards did not contain exercise equipment and were too small for any meaningful exercise to take place. Prisoners exercised in the pod areas outside of their cells. The yards were adequate for short-term stays (up to five days), however they were not sufficient for periods of weeks/months. Prisoners could not sight any form of greenery or nature.

Many prisoners stated that they frequently declined the offer to access the yards. Offers to access the yards are now documented in the Unit Diary, in accordance with a previous OPCAT recommendation.⁷⁶

There were limited constructive activities for prisoners. Each pod had a selection of board games and playing cards and prisoners were encouraged by staff to exercise in the communal pod areas on a daily basis. Prisoners could access books through a catalogue system operated from Whanganui Prison Library.

Remand prisoners

Of the 286 prisoners detained at NPRC in the past 12 months, 187 (65 percent) were remand-accused prisoners who were there for Court appearances, including trials.

Inspectors were particularly concerned that remand prisoners were not able to access all minimum entitlements, such as access to private visitors, and access to education.⁷⁷

Legal visits

Corrections staff facilitated contact with prisoners' lawyers and appeared to be proactive in this regard. No prisoners raised issues in relation to access to lawyers. A small visitor booth was located in the Police station and used to facilitate legal visits. The booth could only fit one prisoner and one legal representative on the opposite side of the booth.

⁷⁶ OPCAT NPRC recommendation (a) 2017.

⁷⁷ Corrections Act 2004 s73 and s78.

Prisoners stated that staff were responsive in regards to the many administrative aspects of their detention, such as telephone number approval and facilitating contact with agencies such as Work and Income New Zealand and Oranga Tamariki.

Visits

There were no facilities for domestic visits at the Centre as it was designed for short-stay placements. Corrections staff advised that they were unable to facilitate visits as there was no safe, designated area in which to conduct them.

Sections 69 and 73 of the Corrections Act 2004 establish a minimum entitlement for prisoners to receive private visitors, once per week for a minimum duration of 30 minutes. This recognises the rehabilitative importance of maintaining family and social relationships.⁷⁸ The Nelson Mandela Rules⁷⁹ also promote regular contact with family and friends, including visits.

Prisoners may only be denied this entitlement for a period of time that is reasonable in the circumstances, where there is an emergency in the prison, or the security of the prison or health and safety of any person is threatened.⁸⁰ There is no statutory authority to deny private visits on the basis that it is not practicable to provide that entitlement.

I do not consider that the circumstances required by section 69(2) to temporarily deny private visits are present in the Centre. Even if those circumstances could be said to exist, the denial of this minimum entitlement appears to be an ongoing state of affairs rather than restricted to a reasonable period of time, being an issue that I reported on in May 2017.

Inspectors were advised that 157 prisoners had been held at the Centre for longer than one week, one up to five months. I consider that failing to accommodate private visitors for those prisoners, on the basis that there is no area in which to conduct them, is an unlawful denial of their minimum statutory entitlements.

All of the prisoners that were spoken with stated they preferred the Centre to the pressures and challenges of Whanganui Prison. Two prisoners stated that the significant drawback of being at the Centre was not being able to have any family visits.

Telephones

Telephones were originally located in the yards, but were moved to the pods to facilitate better access. The mail system appeared to work effectively. No prisoners reported any issues sending or receiving mail or accessing phones.

⁷⁸ Regulation 98, Corrections Regulations.

⁷⁹ Rule 58.

⁸⁰ Section 69(2) Corrections Act 2004.

Health care

Overview

The minimum standard for the health care of prisoners is set out under section 75 of the Corrections Act 2004. Section 75 provides that a prisoner is entitled to receive reasonably necessary medical treatment, of a standard reasonably equivalent to the standard of healthcare available to the public.

Health services were provided by the Department of Corrections. The primary health care team at NPRC comprised of two registered nurses,⁸¹ available seven days a week. A nurse was also on-call throughout the night. Additional or interim staff cover was provided from Whanganui Prison if the need arose. The Health Centre in the NPRC had a designated treatment room that was staffed by a nurse full-time.

The treatment room was located on the ground floor in the Police jail area. There was a defibrillator and a supply of oxygen in both the treatment room and upstairs in the NPRC. The Centre was small, but clean and tidy. Holding cells, located in the reception area of the facility, were small and contained no health promotion material.

No doctor was based on site. If a prisoner needed to be seen by a doctor, they were transferred to Whanganui Prison. Any prisoners needing immediate medical attention were seen at either the local 24-hours medical centre or transferred to the Emergency Department at Taranaki Base Hospital in New Plymouth. All prisoners spoken to stated that they received appropriate and timely medical attention.

Primary health care

Health services were provided from 8.30am to 12.30pm and 2.30pm to 6.30pm, Monday to Friday. Weekend shifts were from 8.30am to 4.30pm.

All new arrivals received a basic health screening, including mental health and substance misuse, by a registered nurse. A health request 'medical chit' system operated, and prisoner requests for health services were collected daily by health staff from the locked 'medical chit' box within the Unit. Relationships between health staff and Corrections Officers appeared to be good.

Health promotion materials were displayed in the treatment room. Health promotion activity at the NPRC was limited to the distribution of pamphlets and booklets only. There were no one-to-one or group sessions. There was smoking cessation support for new arrivals in the form of nicotine replacement lozenges.

Reading glasses could be purchased using the P119 system.

Any prisoners requiring mental health, forensic mental health, drug and alcohol or dental interventions were transferred to Whanganui Prison. Any health information or medication for

⁸¹ One female and one male nurse.

prisoners being transferred to Whanganui Prison was placed in a sealed and coded bag for escort staff. Prisoners transferred to NPRC are not transferred with their full medical notes; a health summary sheet accompanies them.

Pharmacy

Medicines were supplied by an external pharmacy. Medication was charted by the Medical Officer from Whanganui Prison each Friday and delivered by the pharmacy on the same day. Prescriptions were either faxed to the pharmacy or to the nurse at the Health Centre. On-call arrangements were in place for weekends and public holidays. A limited supply of stock medication was kept in the treatment room.

Over-the-counter medication was issued during the day by the nurse and entered into Medtech. During the evening Panadol could be dispensed in the NPRC by Corrections Officers and recorded on log sheets. The sheets were checked by nursing staff.

Recommendations – New Plymouth Remand Centre

7. I recommend that:

- a. Prisoners detained at the NPRC for a period longer than seven days are enabled to access constructive activities, including education.
- b. All prisoners detained at the NPRC for a period of longer than seven days are enabled to receive visitors, as per their minimum entitlements. **This is a repeat recommendation.**

The Department of Corrections accepted recommendation 7b.⁸²

Corrections partially accepted recommendation 7a and stated:

Corrections will work to provide any identified activities that the prisoners are able to undertake within their day rooms or by correspondence. This review is currently underway. In the meantime, to provide activities and support to prisoners on site a Chaplain has been appointed to provide spiritual services and board games and books are available to prisoners.

Those individuals that are identified as requiring courses are transferred to Whanganui prison as required (dependent upon their court appearance date).

⁸² The Department of Corrections' comments on recommendation 7b can be found in Appendix 1.

Appendix 1. The Department of Corrections' comments on recommendations that were accepted

Recommendations – treatment

1. I recommend that:
 - a. All staff should be up-to-date with their control and restraint training.
 - b. Prisoners are not illegally detained in dry rooms.
 - c. Measures are taken to better protect the privacy of prisoners in the At-Risk Unit (ARU) when they are naked, partially naked, or undertaking their ablutions.
 - d. As a matter of urgency, a prisoner telephone is installed in the ARU.
 - e. The Prison develop and implement an anti-bullying strategy that sits alongside the gang management and violence reduction strategy. This should include identifying where prisoners feel least safe, and findings should be addressed in a manner that includes prisoner representation.
 - f. Prisoners subject to voluntary segregation have increased access to constructive activities.
 - g. Prisoners who test positive for drugs are automatically referred to substance misuse services.

The Department of Corrections accepted recommendation 1a, and commented as follows:

The site agrees that tactical options training (formally known as Control and Restraint training) is an important component of staff training certification. As your office acknowledges, 13 members of staff have been booked on future training sessions. There are three training sessions scheduled throughout June 2018 to capture re-certification requirements. Learning and Development and the site rostering coordinator will liaise to ensure this training is completed as required and the site achieves national standards for Control and Restraint training (national standard for compliance is 90% certified staff, Whanganui currently sits at 89.7% certified staff). Whanganui will also prepare and send out briefing reminders to all staff throughout June 2018 about ensuring they use the On Body Cameras (OBCs) as required.

Corrections accepted recommendation 1b, and commented as follows:

Corrections agree that there is room for enhancement in ensuring that paperwork is completed. When this was raised with the Prison Director he immediately stopped prisoners being housed in the dry room without the corresponding paperwork.

Whanganui are implementing a mechanism to ensure that all instances where the dry cell is used are reviewed and checked to ensure the correct paperwork (segregation documentation) has been completed and that plans for this segregation are tailored to the individual. The completion date for this review and subsequent mechanism is expected to be by the end of June 2018.

At the Intervention Support Learning event in April 2018 a Supported Decision Framework (SDF) was released. The SDF provides points of consideration for staff members to contemplate which will guide the decision making process on how prisoners are managed in the Intervention Support Unit (ISU). This SDF has been distributed to all staff currently working in the ISU.

Corrections accepted recommendation 1c, and commented as follows:

Corrections acknowledge that balancing the dignity and privacy of prisoners in At Risk Units (ARUs) with the preservation of life presents a unique challenge. As acknowledged by your office a piece of work is to be led by the Chief Custodial Officer. This work will first look at research and international practices to support future actions. Work is underway in this area and includes consideration of international practices, legislative instruments and identifying potential options for enhancing privacy for prisoners in ARUs and separate cells.

Corrections accepted recommendation 1e, and commented as follows:

During September 2017, Whanganui Prison conducted a survey which in part, asked prisoners questions about their safety and experiences with bullying in the prison. The survey found that 51% of prisoners felt safe from injury or bullying by other prisoners while 16% disagreed with this statement. In response to the statement 'there is a lot of threats and bullying here' 20% were in agreement and 38% disagreed with the statement.

The Well Functioning Service or Tokorima a Maui is a nationally driven Quality and Performance 'culture change' initiative. Whanganui Prison have established a Well Functioning Service on site who led the prison wide survey and the feedback from this survey was used to develop strategies and services, for example, providing more activities for all prisoners as outlined in responding to recommendations 1.f, 5.a and 6.b.

Whanganui Prison has committed to developing and implementing an anti-bullying strategy and a local gang management plan in the same project due to the alignment and intertwining nature of these plans. Whanganui prison anticipates that a gang management strategy will incorporate and address behaviours such as stand overs (bullying). This project will be supported through the national gang management plan in early August 2018 as a national template for gang management is currently being developed. The template is due for completion in July 2018 and Whanganui will be given support to apply it to their site following this.

Corrections accepted recommendation 1f, and commented as follows:

Whanganui Prison currently offers the voluntary segregated prisoner's access to library books, daily newspapers, water safety programmes, Loves me Not workshop, Gambling and Smart Money programme and budgeting workshops.

Planning is underway to incorporate further activities which includes offering segregated prisoners access to yoga classes, Piki Te Ora – uplifting your wellbeing, Sketch drawing classes, Harakeke weaving, enrolments in Te Kura and Open Polytechnic Foundation Skills, music lessons (guitar playing), Te Whitirea

Te Reo learning groups, creative writing workshops and Dry Rescue with Life Saving New Zealand. Whanganui endeavours to offer a variety of activities of varying length. The site has recently inducted 15 volunteers who will commence delivering these programmes and workshops following the Volunteers Professional development day on 15 June 2018. Ongoing monthly meetings with volunteers working in the creative, education and learning spaces will be held to continue to imbed key learnings such as numeracy and literacy into activities available to all prisoners.

Recommendations – transition to lawful custody

2. I recommend that:

- a. Prison management review induction arrangements for foreign nationals, speakers of other languages, and those with literacy or communication difficulties, and improve these arrangements to ensure these prisoners are fully briefed on prison procedures.
- b. The Prison produces a local version of 'First Days'.
- c. SACRA assessments are completed as per policy.

The Department of Corrections accepted recommendation 2a and commented as follows:

Work was commenced in 2018 to develop resources available to the prison network nationwide to include induction training to support staff when managing speakers of other languages. Written resources in other languages and translation service directories are also being considered. A Memorandum of Understanding (MoU) is currently being established between Corrections and an interpreter provider. At this stage, due to the complexity of this project, a timeframe for completion is unable to be established.

It is of note that the Well Functioning Service mentioned previously are currently putting together a 'Frequently Asked Questions' pamphlet which will be issued to all prisoners and can be easily translated for foreign nationals. The expected implementation date for this pamphlet (and its translated versions) is 30 July 2018.

Corrections accepted recommendation 2c and commented as follows:

Corrections acknowledge the statutory importance of SACRA assessments being completed according to policy. Whanganui have prioritised this over the last six months, raising their current compliance level to 96.6%. Staff at Whanganui check information daily and send out regular reminders at unit meetings to ensure these results are maintained. In May 2018, at a weekly High Security meeting, Senior Corrections Officers were also updated on the use of technology as an aid for identifying short falls in standards of practice and how this can benefit SACRA assessments being completed consistently as per Corrections policy.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Arrangements to improve ventilation in units are identified, implemented and monitored to ensure appropriate temperatures are consistently achieved.
- b. Identified facility faults in Te Moenga Unit are fixed.
- c. Inadequate privacy screening in double-bunked cells is addressed.
- d. All prisoners are able to access adequate clean clothing and bedding.
- e. The serving of meals needs is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.

The Department of Corrections accepted recommendation 3b, and commented as follows:

Corrections acknowledge the facility faults in Te Moenga Unit. As mentioned, Corrections commenced an upgrade project at Whanganui prison on 28 May 2018. This work includes addressing and fixing the ventilation and acoustics and installing Raven head sprinklers in Te Moenga Unit and is due for completion in August 2018.

Corrections accepted recommendation 3d, and commented as follows:

Corrections agree that it is important that prisoners have access to adequate bedding and clothing. To ensure this, work commenced in April 2018 with the ordering of 150 mattresses for the site. On 25 May 2018, all units were tasked to undertake a stocktake of current clean clothing and bedding. This will provide prison management with a clear understanding of where the depleted stocks are and enable ordering to take place by 30 June 2018.

Throughout this time, instruction will also be sent to all residential unit Principal Corrections Officers to ensure all empty cells are fully kitted to the expected standard with sufficient bedding and clothing. They will also be tasked with ensuring regular ongoing checks of issued bedding and clothing to ensure it is clean and fit for purpose. Units have also been tasked with managing regular rotational ordering of mattresses and ensuring sufficient levels of stock.

Corrections accepted recommendation 3e, and commented as follows:

Corrections acknowledge the current restrictions on prisoner meal times. In order to mitigate the impact that this has on the prisoner population, Whanganui prison provide a hot meal at lunch time on the weekends when prisoners are generally unlocked more frequently due to fewer movements involving programmes, medicals and work.

The Healthy Products Canteen Review aims to offer healthier and more substantial choices to prisoners through a review of the options sold at the P119 store. This review is nearing completion with prisoners being able to order the new products from the catalogue from 1 July 2018. Pre orders for these healthier options were open to Muslim prisoners commencing Ramadan from 12 May 2018. Given the provision of a

sufficient quantity of nutritional food, alongside the ability for prisoners to purchase additional food items, we consider this mitigates immediate concerns.

The importance of aligning meal times to standardised hours is currently being addressed as part of our ongoing 'Making Shifts Work' project. Corrections have acknowledged that there are certain limitations to the current eight-hour shift structure in issuing meals to prisoners, conducting muster checks and the lock up times. The 'Making Shifts Work' project team intends to redesign the current roster patterns for custodial staff and to adapt the operational effects of the new schedules. This programme requires comprehensive consultation with multiple stakeholder groups, thorough analysis and coordination with sites nationwide, and a considerable technology upgrade. One of the primary design considerations is the normalisation of prisoner meal times, including the reduction of time between dinner and breakfast to less than 14 hours. To the extent that sites cannot meet this requirement, the programme Governance Board will review the justification for an exception and evaluate alternatives for removing obstacles.

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis is carried out to inform the health development plan.
- b. Governance arrangements ensure that patient engagement, effective complaints management, and clinical supervision inform service improvement.
- c. Health promotion and care for older and disabled prisoners is developed to include prompt assessment and appropriate review.
- d. Reception health screening is undertaken in an area that facilitates physical examinations in private.
- e. A review of professional practice is conducted to address systemic failures in meeting the Department of Corrections' Health Services Medications Standards in respect of transporting and dispensing medication.
- f. Health services are supported to provide primary care appointments and medicines supervision through timely and reliable custodial officer support.
- g. Prisoner access to dental services is improved.

The Department of Corrections accepted recommendation 4a, and commented as follows:

Corrections agree that it is beneficial to carry out an annual health needs analysis. We have developed a template for an annual health needs analysis at another site which, following testing has been deemed fit for purpose and available for other sites to implement. A copy of the template was provided in May 2018 with the process to implement it on site expected to be completed by the end of July 2018. I understand that your office has been involved in the development of this annual health needs analysis and gave feedback on our proposed template in December 2017.

Once complete, this annual health needs analysis will provide a snapshot of the prisoner population at the site and analyse the makeup of the health conditions and risk factors exhibited in the population. This analysis will inform the focus for health services for the following 12 months.

Corrections accepted recommendation 4b, and commented as follows:

Along with the completion of regular patient satisfaction surveys, Whanganui will consider how best to incorporate a prisoner representative to deliver feedback on experiences at the quarterly clinical governance meetings. The process for PCO1 complaints relating to health complaints has been altered with any clinical information removed from IOMs to provide for greater privacy for the individual and their medical information. At present, dedicated professional clinical supervision is available to nursing staff once it is identified as a requirement to support the professional development of a particular staff member. The on-site enhancements to ensure that patient engagement, effective complaints management and clinical supervision to inform service improvement will be completed by the end of July 2018.

As your office is aware, the health complaints system is currently being reviewed as a part of a wider Corrections complaints review.

Corrections accepted recommendation 4e, and commented as follows:

Whanganui Prison agrees that enhancements can be made to the current medication process. The management of medication (including the ordering, storage and administration) is currently being assessed on site. The site has introduced a new practice of verifying and checking medication against medication charts and electronically generated administration signing sheets prior to leaving the health centre for the administration round. All administration signing sheets are signed for on the completion of medication rounds. Charting requirements for doctors have been enhanced with the majority of medication prescribed and charted for morning and evening rounds. Whanganui prison will undertake a medication review by the end of July 2018 to assess where additional enhancements can be made to medication administration processes.

Our Corrections Health Services Medication Management Policy and Procedure underwent a substantial review in 2017 and has been rewritten to reflect current legislation and clinical best practice. The new Medicines Management Policy was implemented in April 2018 and reviews the administration of medication. The new nationwide Standing Orders Policy for Corrections nurses was also rolled out in April 2018 and will serve to operationalise the new Medicines Management Policy.

Corrections accepted recommendation 4g, and commented as follows:

Corrections acknowledge the importance of access to dental services. To reduce the long waiting list two additional dentist sessions have been arranged.

Recommendations - protective measures

5. I recommend that:

- a. There should be greater opportunities for constructive activities for remand accused prisoners.
- b. Staff awareness and understanding of revised complaints process is improved.
- c. Prisoners who test positive for drugs are not automatically placed on closed visits.
- d. The Department develop a comprehensive equality and diversity strategy.
- e. The Prison develops a comprehensive system for recognising, reporting and supporting prisoners with disabilities.
- f. Staff awareness of LGBTI issues is raised.

The Department of Corrections accepted recommendation 5a, and commented as follows:

Over the past six months, Whanganui Prison has increased the availability of constructive activities and educational support to remand accused prisoners through using volunteers as mentors in creative writing and self-directed learning workshops. We have purchased board games and sporting equipment to support this. Remand accused prisoners are offered daily access to newspapers and the library services are promoted.

Whanganui Prison have expanded the number of community based organisations they engage with, delivering information courses on Diabetes education, water safety, smart money and gambling, fire risk, Community Legal Advice Whanganui information sharing, medi train- first aid and skills for life and budgeting and monetary advice. In six months' time (December 2018), we will assess the participation rates in these programmes to ensure the activities that are being delivered are relevant.

As with our voluntary segregated prisoners, Whanganui will be offering remand accused prisoners access to yoga classes, Piki Te Ora – uplifting your wellbeing, sketch drawing classes, Harakeke weaving, enrolments in Te Kura and Open Polytechnic Foundation Skills with volunteer mentor support, Te Whitirea Te Reo learning groups and Dry Rescue with Lifesaving New Zealand. These activities will be offered from 15 June 2018.

Corrections accepted recommendation 5b, and commented as follows:

Corrections agree that staff should all be made aware of the revised complaints process. Information pertaining to this process will be displayed on readily available staff noticeboards and discussed in briefings and meetings by 30 June 2018.

Practice reminders were emailed to all staff on 25 May regarding the PCO1 prisoner complaint process and the link to the Corrections intranet, clearly outlining specific sections of practice to take note of.

Corrections accepted recommendation 5d, and commented as follows:

Corrections already has a number of relevant policies, however it is working on enhancing guidance and training for staff:

- *Provisions for equality and diversity are included throughout other policies. Equality for prisoners is provided for in the Prison Operations Manual (POM). Section F.01.01 advises that Prisoners must be provided with, as far as practical in the circumstances, food and drink that makes allowance for the various religious and cultural needs.*
- *Under the POM, prisons are also expected to manage and develop site specific educational and recreational resources in a culturally appropriate environment, (see section F.04 Prison library services policy).*
- *There are also requirements regarding special religious services and spiritual development to ensure that all prisoners' activities are consistent with their religious practices (see section F.11 Special religious services).*
- *All staff who provide health and disability services are subject to the Code of Health and Disability Services Consumers' Rights.*

Nevertheless, Corrections will explore further options to provide staff with additional awareness and support to manage prisoners with minority cultural, religious or gender identity needs, and welcomes the opportunity to make improvements in this area.

Corrections accepted recommendation 5f, and commented as follows:

Corrections do not accept the unfortunate comment made by one Corrections Officer regarding a transgender prisoner. We in no way tolerate such attitudes in the workplace. This type of negative attitude does not reflect the site's view about tolerance and acceptance for all individuals. When these attitudes are expressed, we make every effort to challenge and remedy these situations.

As your office is aware, our Transgender Management policy was rolled out in early March 2018. We are currently completing a policy practice review of the Transgender Management policy and recently visited Whanganui Prison to talk with staff and prisoners about their experience with the new policy. The review will seek to consider the complexity of changes to the Prison Operations Manual (POM) and the Custodial Practice Manual (CPM). It will also clarify any opportunities to improve practice in relation to the management of transgender prisoners and is expected to be completed by the beginning of July 2018.

Following the success of diversity training delivered to staff in the Northern Region, this training is now being delivered nationwide to support respectful and professional working relationships with offenders and colleagues. The training contains practical information around issues faced by the Rainbow/LGBTIQ community and how best to support and manage transgender and Rainbow people on sentence. Diversity training will be delivered to senior representatives and managers at Whanganui Corrections sites (community corrections and prison) on 19 July 2018. The remaining Whanganui Corrections frontline staff will receive diversity training throughout the next financial year (July 2018 to June 2019).

In addition to this training, staff are also completing online learning modules titled 'Working with Trans prisoners'. These modules are expected to be completed by staff by the end of July 2018.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Unlock hours in Te Whakataa 1 and 2 are aligned with the rest of the low-security estate.
- b. The Prison provides more constructive activities, including rehabilitative programmes, for high-security prisoners.
- c. Provision of cultural support is enhanced throughout the Prison.
- d. The Department ensures that national directives are complied with at site-level (strip-searching).
- e. Access to interventions is made available and appropriately sequenced so that prisoners can address their offending behaviour prior to their initial appearance at the Parole Board.
- f. The Prison provides suitable and sufficient interview space for all staff, including external providers.
- g. Right Track meetings are reinstated at the Prison.

The Department of Corrections accepted recommendation 6b, and commented as follows:

In the past two years, Whanganui prison have offered a small motors course with a horticulture component to a small number of high security prisoners. Book clubs for high security prisoners have also been introduced. The prisoners are given the opportunity to participate in self-directed learning, numeracy and literacy assessments and Te Whitirea Te Reo learning groups. Employment in the laundry, the sewing room and the screen printing area which produce cloth reusable bags is available to eligible high security prisoners. The Te Ihu Waka programme is also delivered to high security prisoners.

As with our voluntary segregated prisoners and our remand population, Whanganui prison will offer high security prisoners additional activities from 15 June 2018. The following activities will be made available to high security prisoners (subject to eligibility) at Whanganui prison; yoga classes, Piki Te Ora – uplifting your wellbeing, sketch drawing classes, Harakeke weaving, enrolments in Te Kura and Open Polytechnic Foundation Skills with volunteer mentor support, Te Whitirea Te Reo learning groups and Dry Rescue with Lifesaving New Zealand.

Corrections accepted recommendation 6c, and commented as follows:

Corrections accept that cultural support should be to a high level and equally available across the entire prison estate. In August 2017, the Maori Advisory Board for the Whanganui/Taranaki district was established. The board includes iwi from the wider Whanganui/Taranaki district. The board provide the Lower North district leadership team with strategic support, policy advice and guidance in providing cultural support to our prisoners and community based offenders. When requested, the board also provide cultural training and support services to staff and offenders.

In October 2017, the Maori Services team seconded an Area Services Advisor who is based at Whanganui prison and covers the Whanganui/Taranaki district. The advisor provides Tikanga Maori support and advice to the prison, working with and assisting both staff and prisoners. A key role of this Advisor is to build and strengthen relationships and understanding with Iwi, Hapu and Whanau, as well as internal and external agencies.

Your draft report references on page 44 that many prisoners in the high security units wanted the opportunity to learn Te Reo and engage with Maori cultural values and protocol. You note that low security prisoners were the only classification to receive the Te Ihu Waka programme. The Te Ihu Waka programme is also delivered to high security prisoners at Whanganui prison. The programme delivery is rotated between low and high security prisoner groups. Corrections also utilise the national framework of Te Tokorima a Maui, which is a value based framework focusing on five Maori values of Manaaki, Kaitiaki, Wairua, Whanau and Rangatira. The training for this value based framework is currently being delivered to all Corrections staff.

Corrections accepted recommendation 6d, and commented as follows:

A strip searching practice reminder was sent to all staff on 15 February 2018 when the issue was originally brought to the attention of the Prison Director by the OPCAT team. Subsequent to this, a further reminder was sent on 21 May 2018 to managers, Principal Corrections Officer's and Senior Corrections Officer's.

Corrections accepted recommendation 6e, and commented as follows:

At site level, case managers are responsible for the sequencing of these interventions. Case Managers are frequently undertaking Reflective Practice Sessions with Practice Leaders to assist them in developing best practice particularly in the development of offender plans. To reflect this maintenance of best practice, Case Management has implemented a nationwide monthly practice evaluation, where random samples of each case managers' work is assessed for compliance and consistency.

Corrections believe it useful to point out that there are also a range of reasons why the individual may not have addressed their offending prior to appearing before the New Zealand Parole Board such as their motivation, willingness to engage with activities offered and the limitations surrounding their security classification.

A key function of Corrections led justice sector newly established High Impact Innovation Team (HIIT) is assessing how we can prepare our prisoners for parole earlier in their sentence. This team has recently appointed four new regional senior advisers to focus on a number of areas to support prisoners in addressing their offending behaviour. This includes ensuring activities specified by the board are followed up on and enacted in timely manner and where appropriate, brought back before the board for earlier consideration. This team aims to increase the uptake of prisoners engaging in meaningful re-integrative activities; including release to work and placement in external self-care to promote pro-social living arrangements. Prisoners being better prepared for their initial parole hearing held close to their eligibility date and a more comprehensive understanding of the reasons behind the Parole Board decline decisions to inform the preparation are also priorities of this team. Focus will also be given to an improved understanding of the demand for programmes and subsequent optimisation of these schemes and an improvement in the quality of information contained in Parole reports (such as release planning strategies). A Lower North Senior Adviser – Parole Ready who services Whanganui Prison was appointed and commenced in their position in May 2018.

Corrections accepted recommendation 6g, and commented as follows:

Corrections acknowledge the importance of the Right Track programme in supporting offenders to make positive decisions and reduce reoffending. It is important to note that Right Track meetings have never been disestablished at Whanganui Prison. However, Corrections accept that consistent Right Track meetings across Whanganui Prison need to be prioritised.

A Right Track practice reminder will be developed and sent to all staff. To accompany this, a Senior Corrections Officer training day will be organised to identify the shortfalls in understanding to provide targeted assistance in maintaining right track initiatives. This review is expected to be completed by the end of September 2018.

Recommendations – New Plymouth Remand Centre

7. I recommend that:

- a. Prisoners detained at the NPRC for a period longer than seven days are enabled to access constructive activities, including education.
- b. All prisoners detained at the NPRC for a period of longer than seven days are enabled to receive visitors, as per their minimum entitlements. **This is a repeat recommendation.**

The Department of Corrections accepted recommendation 7b, and commented as follows:

Corrections acknowledge that all prisoners at NPRC are entitled to a weekly visit as per their minimum entitlements. Corrections facilitate visits at Whanganui prison for prisoners housed at NPRC to meet these entitlements and ensure that an appropriate frequency of visits is established. Visits for prisoners held at Whanganui Prison take place in the main prison complex. Housing a prisoner at NPRC (gazetted as part of Whanganui prison) does not create an obligation to enable a visit in New Plymouth.

In 2017, Corrections undertook a feasibility assessment regarding facilitating visits on site at NPRC. The outcomes from this assessment (the size and capacity of NPRC) pose a challenge to visitors being able to be received safely and appropriately on site. Lawyers are received at an enclosed booth area in the hub however it is not preferable to receive other visitors in this space. This is in part due to the building that houses NPRC being owned and shared by the police with access by visitors into the building deemed a security issue.

Appendix 2. Unit names - Whanganui Prison

Assessment 1	West 1 (High-security)
Whakapakari	West 2 (High-security)
Te Waimarie	East Wing (Harmony) (High-security)
Te Moenga	Pods 1-7 – (High-security/ remand/ voluntary segregation)
Wharikitia	Extension – eight cells (Remand)
Te Atawhai (ARU)	At-Risk Unit
Whānui	Māori Focus Unit (MFU) and Drug Treatment Unit (Low-Security)
Te Ohore	External self-care (Low-security)
Southwood	Low-security
Te Whare Manaaki	Internal self-care (SCU) (Low-security)
Te Whakataa 1	Low-security
Te Whakataa 2	Low-security

Appendix 3. Survey feedback: Whanganui Prison

A total of 540 surveys were given out and 295⁸³ were returned (55 percent). Percentages have been rounded and therefore may not add up to 100 percent.

Section 1: About you

Q1.1 What wing or unit are you currently living on?		
Harmony/East/Te Waimarie	36	14%
Internal Self Care (SCU)/Te Whare Manaaki	14	5%
Remand/Wharikitia	26	10%
Whānui/MFU	14	5%
Southwood	30	11%
Te Moenga/voluntary segregation	28	11%
Te Whakataa 1	39	15%
Te Whakataa 2	18	7%
West 1/Assessment 1	31	12%
West 2/Whakapakari	25	10%
Total	261	100%

Q1.2 How old are you?		
Under 21	13	4%
21-25	30	10%
26-29	45	16%
30-39	89	31%
40-49	58	20%
50-59	33	11%
60-69	12	4%
70 or over	10	3%
Total	290	100%

Q1.3 What is your ethnic group?		
NZ European (Pākehā)	111	40%
Māori	125	45%
Samoaan	5	2%
Other Pacific peoples	5	2%
Chinese	1	0%
Other Asian	3	1%
Indian	2	1%
Any other ethnic group	25	9%
Total	277	100%

⁸³ Not all respondents answered all questions.

Q1.4 Do you identify as transgender or transsexual?

No	264	97%
Yes	8	3%
Total	272	100%

Q1.5 Do you have children under the age of 18?

No	126	44%
Yes	161	56%
Total	287	100%

Q1.6 Is English your first language?

No	29	10%
Yes	263	90%
Total	292	100%

Q1.7 Is this your first time in prison?

No	193	66%
Yes	99	34%
Total	292	100%

Q1.8 Are you sentenced or on remand?

Other	4	1%
Remand-accused	69	24%
Remand convicted	24	8%
Sentenced	196	67%
Total	293	100%

Q1.9 How long have you been in this prison?

Less than 6 months	88	30%
6 months to a year	54	18%
1-2 years	57	19%
2-4 years	40	14%
More than 4 years	54	18%
Total	293	100%

Section 2: Arrival and reception**Q2.1 When you arrived at this prison, how long did you spend in reception?**

Two hours or more	112	39%
Don't remember	27	9%
Less than 2 hours	148	52%
Total	287	100%

Q2.2 When you were searched in reception, was this done in a respectful way?

Don't remember	19	7%
No	58	20%
Yes	212	73%
Total	289	100%

Q2.3 Did you have any of the following problems when you first arrived in this prison?

	Yes	%
Getting access to phone numbers	128	43%
Contacting family	105	36%
Arranging care for children or other dependants	27	9%
Contacting employers	29	10%
Money worries	89	30%
Housing worries	45	15%
Feeling depressed	99	34%
Feeling suicidal	29	10%
Other mental health problems	53	18%
Physical health problems	67	23%
Drug or alcohol problems (eg withdrawal)	53	18%
Getting medication	78	26%
Needing protection from other prisoners	44	15%
Lost or delayed property	81	27%
Any other problems	46	16%
I did not have any problems when I arrived	65	22%
Total	291	

Q2.4 Did staff help you to deal with these problems when you first arrived?

Did not have any problems when I first arrived	63	22%
No	111	39%
Yes	109	39%
Total	283	100%

Section 3: Unit/Wing induction**Q3.1 Did you feel safe on your first night in this prison?**

Don't remember	13	4%
No	65	22%
Yes	212	73%
Total	290	100%

Q3.2 In your first few days in prison, did you get a free phone call?

Don't remember	13	4%
No	88	30%
Yes	189	65%
Total	290	100%

Q3.3 In your first few days in prison, did you get numbers put in your PIN phone?

Don't remember	16	6%
No	134	54%
Yes	100	40%
Total	250	100%

Q3.4 Did your induction cover everything you needed to know about this prison?

Have not had an induction	17	6%
No	122	43%
Yes	142	51%
Total	281	100%

Section 4: On the Unit/Wing**Q4.1 Are you in a cell on your own?**

No, I'm in a shared cell	59	20%
Yes	234	80%
Total	293	100%

Q4.2 Cleanliness and hygiene

	Yes %	No %	Don't know %
Do you normally have enough clean clothes for the week?	66%	34%	
Are you normally offered enough suitable clothes for the week?	60%	39%	1%
Can you normally shower every day?	93%	7%	
Do you get clean sheets every week?	74%	25%	1%
Do you get cell cleaning materials every week?	85%	14%	1%
Is it normally quiet enough for you to relax or sleep at night?	69%	31%	0%
Can you get your stored property if you need it?	49%	34%	18%

Q4.3 Normally, how clean or dirty are the shared areas of your Wing or Unit (landings, stairs, showers etc)?

Very clean	53	19%
Quite clean	160	57%
Quite dirty	48	17%
Very dirty	15	5%
Don't know	4	1%
Total	280	100%

Section 5: Food and P119 (canteen)**Q5.1 What is the quality of food like in this prison?**

Very good	24	9%
Quite good	100	36%
Quite bad	98	35%
Very bad	52	19%
Don't know	5	2%
Total	279	100%

Q5.2 Do you get enough to eat at mealtimes?

Always	31	11%
Most of the time	68	24%
Never	70	25%
Some of the time	116	41%
Total	285	100%

Q5.3 Does the P119 sell the things that you need?

Don't know	13	5%
No	173	61%
Yes	96	34%
Total	282	100%

Section 6: Relationships with staff**Q6.1 Do most staff in this prison treat you with respect?**

Don't know	10	4%
No	48	17%
Yes	221	79%
Total	279	100%

Q6.2 Are there any staff in this prison you could turn to if you had a problem?

Don't know	22	8%
No	60	21%
Yes	201	71%
Total	283	100%

Q6.3 In the last week, has any member of custodial staff talked to you about how you are getting on?

Don't know	5	2%
No	176	61%
Yes	106	37%
Total	287	100%

Q6.4 How helpful is your Case Officer?

Don't have a Case Officer	30	11%
Don't know	18	6%
Not at all helpful	40	14%
Not very helpful	72	25%
Quite helpful	77	27%
Very helpful	46	16%
Total	283	100%

Section 7: Religion and culture**Q7.1 Are your religious beliefs respected in this prison?**

Don't know	23	8%
I don't have any religious needs	83	30%
No	49	18%
Yes	122	44%
Total	277	100%

Q7.2 Are you able to speak to a chaplain of your faith in private if you want to?

Don't want to speak with a Chaplain	57	20%
Don't know	47	17%
No	60	21%
Yes	116	41%
Total	280	100%

Q7.3 Are you able to attend religious services if you want to?

Don't know	21	8%
I don't have any religious needs	51	18%
No	57	21%
Yes	147	53%
Total	276	100%

Q7.4 Are your cultural needs met in this prison?

Don't know	44	16%
I don't have any cultural needs	67	24%
No	79	28%
Yes	88	32%
Total	278	100%

Q7.5 Are you able to speak to a cultural advisor in private, if you want to?

Don't know	101	101
I don't have any cultural needs	69	69
No	58	58
Yes	56	56
Total	284	284

Section 8: Contact with family and friends**Q8.1 Have you had any problems with sending or receiving mail?**

Don't know	14	5%
No	138	48%
Yes	136	47%
Total	288	100%

Q8.2 Are you able to use a phone everyday (if you have credit)?

Don't know	5	2%
No	53	18%
Yes	230	80%
Total	288	100%

Q8.3 Is it easy for your family and friends to visit you here?

Don't know	46	16%
No	133	47%
Yes	107	37%
Total	286	100%

Q8.4 Do visits usually start and finish on time?

Don't know	114	40%
No	63	22%
Yes	107	38%
Total	284	100%

Q8.5 Are your visitors usually treated respectfully by staff?

Don't know	156	55%
No	26	9%
Yes	103	36%
Total	285	100%

Section 9: Time out of cell**Q9.1 How long do you usually spend out of your cell on a normal weekday (including time spent at education, work, gym etc.)?**

Less than 2 hours	37	13%
2-4 hours	96	34%
4-6 hours	39	14%
6 hours or more	92	32%
Don't know	20	7%
Total	284	100%

Q9.2 How long do you usually spend out of your cell on a normal Saturday or Sunday?

Less than 2 hours	38	13%
2-4 hours	120	42%
4-6 hours	50	17%
6 hours or more	64	22%
Don't know	15	5%
Total	287	100%

Q9.3 How many days in a typical week could you go outside for an hours exercise if you wanted to?

1-2 days	13	5%
3-5 days	31	11%
6-7 days	211	74%
Don't know	16	6%
None	14	5%
Total	285	100%

Q9.4 Normally, how often do you go to the gym, if you wanted to?

Never	29	10%
Less than once a week	43	15%
About once a week	70	25%
Twice a week or more	104	37%
Don't want to go to the gym	37	13%
Total	283	100%

Q9.5 Normally, how often could you go to the library, if you wanted to?

Never	119	42%
Less than once a week	14	5%
About once a week	75	26%
Twice a week or more	35	12%
Don't want to use the library	42	15%
Total	285	100%

Q9.6 Does the library have a wide enough range of materials to meet your needs?

Don't use the library	71	25%
No	138	49%
Yes	71	25%
Total	280	100%

Section 10: Complaints and legal rights**Q10.1 Do you know how to make an internal complaint (PC01)?**

I have not wanted to make a complaint	41	14%
No	56	19%
Yes	193	67%
Total	290	100%

Q10.2 Is it easy for you to make an internal complaint (PC01)?

Don't know	77	27%
No	78	27%
Yes	135	47%
Total	290	100%

Q10.3 Are complaints usually dealt with fairly?

No	87	33%
Yes	46	17%
Not made any complaints	131	50%
Total	264	100%

Q10.4 Are complaints usually dealt with within three days?

No	86	34%
Yes	39	15%
Not made any complaints	129	51%
Total	254	100%

Q10.5 Have you ever been prevented from making an internal complaint (PC01) in this prison when you wanted to?

No	107	39%
Yes	72	26%
Not wanted to make a complaint	95	35%
Total	274	100%

Q10.6 Do you know how to make a complaint to a Prison Inspector?

I have not wanted to make a complaint to a Prison Inspector	76	28%
No	93	34%
Yes	106	39%
Total	275	100%

Q10.7 If you have made a complaint to a Prison Inspector while in prison, were they able to resolve the complaint?

No	64	54%
Yes	54	46%
Total	118	100%

Q10.8 Do you know how to make a complaint to the Ombudsman?

I have not wanted to make a complaint to the Ombudsman	85	31%
No	88	32%
Yes	105	38%
Total	278	100%

Q10.9 If you have made a complaint to the Ombudsman while in prison, were they able to resolve the complaint?

No	36	40%
Yes	55	60%
Total	91	100%

Q10.10 In this prison, is it easy or difficult for you to communicate with your solicitor or legal representative?

Easy	87	31%
Don't know	46	16%
Don't need this	41	15%
Difficult	107	38%
Total	281	100%

Q10.11 In this prison, is it easy or difficult for you to attend legal visits?

Easy	80	31%
Don't know	66	25%
Don't need this	46	18%
Difficult	70	27%
Total	262	100%

Q10.12 In this prison, is it easy or difficult for you to get bail information?

Easy	48	19%
Don't know	62	24%
Don't need this	68	26%
Difficult	79	31%
Total	257	100%

Section 11: Health care**Q11.1 How easy or difficult is it to see a doctor?**

Very easy	20	7%
Quite easy	41	14%
Quite difficult	93	32%
Very difficult	106	37%
Don't know	27	9%
Total	287	100%

Q11.2 How easy or difficult is it to see a nurse?

Very easy	55	20%
Quite easy	102	36%
Quite difficult	62	22%
Very difficult	50	18%
Don't know	13	5%
Total	282	100%

Q11.3 How easy or difficult is it to see a dentist?

Very easy	15	5%
Quite easy	33	12%
Quite difficult	53	19%
Very difficult	139	49%
Don't know	43	15%
Total	283	100%

Q11.4 How easy or difficult is it to see mental health workers?

Very easy	23	8%
Quite easy	41	15%
Quite difficult	30	11%
Very difficult	50	18%
Don't know	138	49%
Total	282	100%

Q11.5 What do you think the quality of the health services from a doctor?

Very good	32	12%
Quite good	91	33%
Quite bad	71	26%
Very bad	42	15%
Don't know	39	14%
Total	275	100%

Q11.6 What do you think the quality of the health services from a nurse?

Very good	52	19%
Quite good	126	45%
Quite bad	62	22%
Very bad	27	10%
Don't know	11	4%
Total	278	100%

Q11.7 What do you think the quality of the health services from a dentist?

Very good	35	13%
Quite good	68	25%
Quite bad	54	20%
Very bad	39	14%
Don't know	76	28%
Total	272	100%

Q11.8 What do you think the quality of the health services from mental health workers?

Very good	22	8%
Quite good	55	20%
Quite bad	22	8%
Very bad	26	10%
Don't know	146	53%
Total	271	100%

Q11.9 Do you have any mental health problems?		
No	188	66%
Yes	96	34%
Total	284	100%

Q11.10 Have you been helped with your mental health problems in this prison?		
No, I don't have any mental health problems	181	65%
No, I have not received help with my mental health problems	44	16%
Yes	52	19%
Total	277	100%

Q11.11 Have you spent one or more nights in the at-risk unit (ARU) in this prison in the past six months?		
No	242	85%
Yes	43	15%
Total	285	100%

Q11.12 What do you think of the overall quality of the health services here?		
Very good	27	10%
Quite good	102	36%
Quite bad	77	28%
Very bad	45	16%
Don't know	29	10%
Total	280	100%

Section 12: Other support needs

Q12.1 Do you consider yourself to have a disability or ongoing health issue (long-term physical, mental health or learning needs that affect your day-to-day life)?		
No	156	56%
Yes	123	44%
Total	279	100%

Q12.2 If you have a disability or ongoing health issue, are you getting the support you need?		
Don't have a disability or ongoing health issue	111	40%
No	109	39%
Yes	57	21%
Total	277	100%

Section 13: Alcohol and drugs

Q13.1 Did you have an alcohol problem when you came into this prison?

No	243	84%
Yes	46	16%
Total	289	100%

Q13.2 If you have an alcohol problem, have you been helped with your alcohol problem in this prison?

Do not have an alcohol problem	225	80%
No	37	13%
Yes	19	7%
Total	281	100%

Q13.3 Did you have a drug problem when you came into this prison?

No	205	71%
Yes	82	29%
Total	287	100%

Q13.4 If you have a drug problem, have you been helped with your drug problem in this prison?

Did not / do not have a drug problem	177	63%
No	78	28%
Yes	24	9%
Total	279	100%

Q13.5 Have you developed a drug problem since you have been in this prison?

No	252	88%
Yes	34	12%
Total	286	100%

Q13.6 Is it easy or difficult to get illicit drugs in here?

Very easy	19	7%
Quite easy	47	17%
Quite difficult	8	3%
Very difficult	34	12%
Don't know	174	62%
Total	282	100%

Section 14: Safety

Q14.1 Have you ever felt unsafe in this prison?

No	183	65%
Yes	98	35%
Total	281	100%

Q14.2 Do you feel unsafe now?

No	232	84%
Yes	45	16%
Total	277	100%

Q14.3 Have you experienced:

- any verbal abuse?	135	48%
- any threats or intimidation from other prisoners in this prison?	127	45%
- any physical assault from other prisoners in this prison?	87	31%
- any sexual assault from other prisoners in this prison?	10	4%
- any theft of P119 property from other prisoners in this prison?	83	30%
- any other bullying from other prisoners in this prison?	58	21%
Have not experienced any of these forms of bullying from prisoners here	129	46%
Total	281	

Q 14.4 If you were being bullied by other prisoners in this prison, would you report it?

No	192	71%
Yes	79	29%
Total	271	100%

Q14.5 Have you experienced any of the following types of bullying from staff in this prison?

Verbal abuse	95	35%
Any threats or intimidation	75	27%
Any sexual assault	8	3%
Any physical assault	27	10%
Any theft of P119 property	18	7%
Any other bullying	38	14%
Not experienced any of these forms of bullying from staff here	156	57%
Total	275	

Q14.6 If you were being bullied by staff in this prison, would you report it?

No	146	56%
Yes	116	44%
Total	262	100%

Section 15: Behaviour management

Q15.1 Have you been physically restrained by staff in this prison in the last six months?

No	266	93%
Yes	21	7%
Total	287	100%

Q15.2 If you have been physically restrained by staff in this prison in the last six months, did anyone come and talk to you about it afterwards?

No	17	6%
Yes	6	2%
Don't remember	4	1%
Not been physically restrained here in the last six months	256	90%
Total	283	100%

Q15.3 Have you spent one or more nights in the segregation/management unit in this prison in the last six months?

No	246	88%
Yes	33	12%
Total	279	100%

Q15.4 Were you treated well by segregation/management staff?

No	6	18%
Yes	28	82%
Total	34	100%

Q15.5 Could you shower every day?

No	1	3%
Yes	32	97%
Total	33	100%

Q15.6 Could you go outside for at least one hour's exercise every day?

No	2	6%
Yes	31	94%
Total	33	100%

Q15.6 Could you use the phone everyday (if you had credit)?

No	19	59%
Yes	13	41%
Total	32	100%

Section 16: Education, skills and work

Q16.1 Is it easy or difficult to get education in this prison?

Easy	84	31%
Difficult	115	42%
Don't know	57	21%
Not available here	18	7%
Total	274	100%

Q16.2 Is it easy or difficult to get vocational or skills training in this prison?

Easy	67	24%
Difficult	114	41%
Don't know	71	26%
Not available here	23	8%
Total	275	100%

Q16.3 Is it easy or difficult to get a prison job in this prison?

Easy	99	35%
Difficult	124	44%
Don't know	42	15%
Not available here	14	5%
Total	279	100%

Q16.4 Is it easy or difficult to get work outside of the prison in this prison?

Easy	14	5%
Difficult	113	42%
Don't know	85	32%
Not available here	56	21%
Total	268	100%

Q16.5 If you have done education while in prison, do you think it will help you on release?

No, won't help	36	14%
Not done this	95	36%
Yes, will help	135	51%
Total	266	100%

Q16.6 If you have done vocational or skills training while in prison, do you think it will help you on release?

Yes, will help	130	49%
Not done this	105	40%
No, won't help	28	11%
Total	263	100%

Q16.7 If you have done a prison job while in prison, do you think it will help you on release?

Yes, will help	138	51%
Not done this	67	25%
No, won't help	66	24%
Total	271	100%

Q16.8 If you have done work outside of the prison while in prison, do you think it will help you on release?

Yes, will help	97	37%
Not done this	148	56%
No, won't help	20	8%
Total	265	100%

Section 17: Planning and progression**Q17.1 Do you have a case management plan?**

Don't know	57	20%
No	67	24%
Yes	159	56%
Total	283	100%

Q17.2 Do you understand what you need to do to achieve the objectives or targets in your case management plan?

Don't know what my objectives or targets are	71	26%
No	51	19%
Yes	152	55%
Total	274	100%

Section 18: Preparation for release**Q18.1 If you are nearing the end of your sentence, are you getting help to sort out finding accommodation when you are released?**

No, and I don't need help with this	71	32%
No, but I need help with this	114	51%
Yes, I'm getting help with this	38	17%
Total	223	100%

Q18.2 If you are nearing the end of your sentence, are you getting help to sort out getting employment when you are released?

No, and I don't need help with this	61	28%
No, but I need help with this	130	60%
Yes, I'm getting help with this	27	12%
Total	218	100%

Q18.3 If you are nearing the end of your sentence, are you getting help to sort out setting up education or training when you are released?

No, and I don't need help with this	74	35%
No, but I need help with this	111	53%
Yes, I'm getting help with this	25	12%
Total	210	100%

Q18.4 If you are nearing the end of your sentence, are you getting help arranging benefits when you are released?

No, and I don't need help with this	54	25%
No, but I need help with this	126	58%
Yes, I'm getting help with this	37	17%
Total	217	100%

Q18.5 If you are nearing the end of your sentence, are you getting help to sort out finances when you are released?

No, and I don't need help with this	67	32%
No, but I need help with this	118	56%
Yes, I'm getting help with this	27	13%
Total	212	100%

Q18.6 If you are nearing the end of your sentence, are you getting help to sort out support for drug or alcohol problems when you are released?

No, and I don't need help with this	102	48%
No, but I need help with this	82	39%
Yes, I'm getting help with this	27	13%
Total	211	100%

Q18.7 If you are nearing the end of your sentence, are you getting help to sort out health/mental health support when you are released?

No, and I don't need help with this	106	50%
No, but I need help with this	78	37%
Yes, I'm getting help with this	27	13%
Total	211	100%

Q18.8 If you are nearing the end of your sentence, are you getting help to sort out getting back in touch with friends or family when you are released?

No, and I don't need help with this	105	49%
No, but I need help with this	70	32%
Yes, I'm getting help with this	41	19%
Total	216	100%

Q18.9 Is anybody helping you to prepare for your release (e.g. Out of Gate Services, Case Officer, Case Manager, Probation Officer)?

Don't know	40	17%
No	134	56%
Yes	65	27%
Total	239	100%

Appendix 4. Prison population demographic

Table 2: Whanganui prison population profile, 12 February 2018

Please note: the following figures were supplied by the Prison and any errors are their own.

Status	Under 20	21 to 59	60 and over	Total
Sentenced	7	368	30	405
Recall	0	1	0	1
Remand convicted	2	37	1	40
Remand-accused	6	118	3	127
Civil prisoners	0	0	0	0
Awaiting deportation	0	0	0	0
Total	15	524	34	573

Ethnicity	Under 20	21 to 59	60 and over	Total
Pākehā	4	158	23	185
Māori	10	322	10	342
Pasifika	0	26	0	26
Asian	0	4	1	5
Other	1	13	1	15
Total	15	523	35	573

Sentenced Prisoners	Under 20	21 to 59	60 and over	Total
Under 1 year	1	29	0	30
1-2 years	4	62	1	67
More than 2 years	2	225	12	239
Preventative detention	0	12	10	22
Life	0	40	7	47
Total	7	369	30	406

Length of time on remand-accused and convicted	Under 20	21 to 59	60 and over	Total
Under 1 year	6	116	2	124
1-2 years	2	37	1	40
More than 2 years	0	2	1	3
Total	8	155	4	167

Security category	Under 20	21 to 59	60 and over	Total
Minimum	0	76	10	86
Low	3	109	6	118
Low-medium	2	109	11	122
High	2	75	3	80
Maximum	0	0	0	0
Total	7	369	30	406

Main offence	Under 20	21 to 59	60 and over	Total
Violence against the person	0	50	9	59
Sexual offences	0	79	23	102
Burglary	7	73	0	80
Robbery	4	54	0	58
Theft and handling	2	15	0	17
Fraud and forgery	0	5	0	5
Drug offences	0	64	0	64
Other	2	184	2	188
Total	15	524	34	573

Gangs (including affiliates)	Under 20	21 to 59	60 and over	Total
Black Power	7	85	0	92
Head Hunters MC	0	10	0	10
Bandidos	0	1	0	1
Hells Angels MC	1	4	0	5
Highway 61 MC	0	2	0	2
Mongrel Mob	1	55	0	56
Nomads	0	21	0	21

Gangs (including affiliates)	Under 20	21 to 59	60 and over	Total
Tribesman MC	0	5	0	5
Killer Beez	0	4	0	4
Other	15	41	0	56
Total	24	228	0	252

Appendix 5. Double bunked cell dimensions



Appendix 6. Overview of OPCAT – Prisons

In 2007, the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA identifies a “place of detention” as:

‘...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...

(a) a prison ...

(c) a court cell.’

Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including prisons and court cells.

Under section 27 of COTA, an NPM’s functions, in respect of places of detention, include:

- (a) to examine, at regular intervals and at any other times the NPM may decide, the conditions of detention applying to detainees and the treatment of detainees; and
- (b) to make any recommendations it considers appropriate to the person in charge of a place of detention:
 - (i) for improving the conditions of detention applying to detainees;
 - (ii) for improving the treatment of detainees;
 - (iii) for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspectors (COTA). This is to ensure that there is a clear distinction between the Ombudsmen’s preventive monitoring function under OPCAT and the Ombudsmen’s investigation function under the Ombudsmen Act 1975.

Under COTA, NPMs are entitled to:

1. access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;
2. unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;
3. interview any person, without witnesses, either personally or through an interpreter; and
4. choose the places they want to visit and the persons they want to interview.